VS A15 {4} 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14298 CERTIFICATE OF DEATH

Reg. Dist. No. 14190

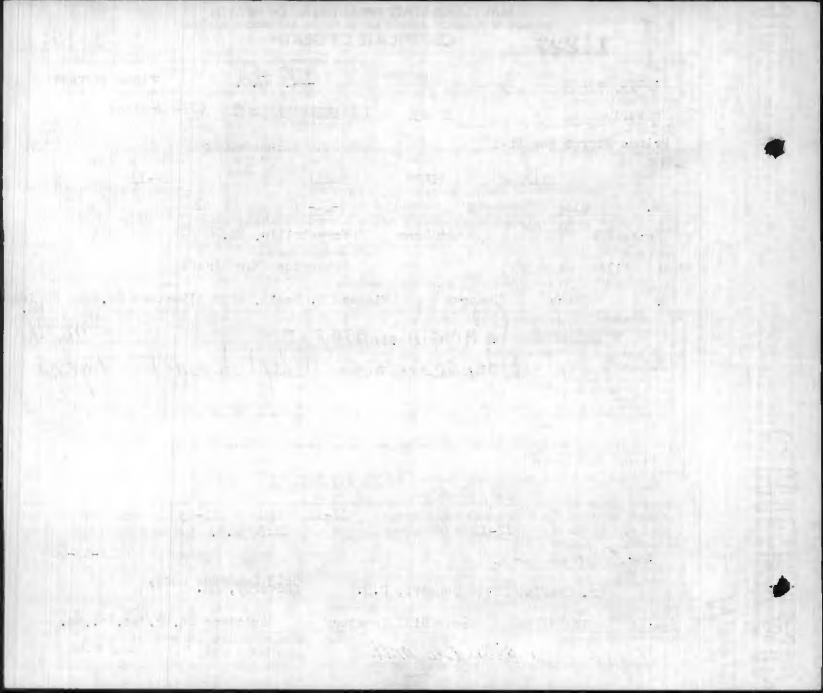
o. COUNTY Prince George's	o. STATE		If institution: Residence before admission) COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Roger Heights Md 29 y	OF STAY IN 16 C. CITY OR TOWN	<u>J</u>	ts, write RURAL and give nearest town)
d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION 5309 Emerson Street	d. STREET ADDRE	merson Stre	e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF First DECEASED (Type or print) Jeremiah	Middle Last Babylon	4. DATE OF DEATH	Month Day Year <b>Dec 14.</b> 19 60
5. SEX  6. COLOR OR RACE  7. MARRIED NEVE  WIDOWED 1		9. AGE lost t 78	(in years orthdoy) Hours Min.
10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]  Retired Maintance Hote		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME  Charles Babylon	14. MOTHER'S MAII	ia Boose	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, oo, or unknown) [If yes, give wor or doller of service)	JRITY NO. INFORMANT Margaret Bab	ylon Roger	Address Heighta, Md.
Conditions. If ony, which gove rise to immediate couse (o), stoling the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONDITIONS	ertensin	diac de	ITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO 18
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 White Not white of work   19 Of work   19	ile foctory, street, office bldg	, form, 20f. (City or town	
21. I certify that I attended the deceased fram	M.D. Coffee	M, from the co	12-15-60
Burial Dec 17, 1960 Ft L	of CEMETERY OR CREMATORY incoln Cemetery	Colmar	ity, lown, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES  F. Gasch's Sons Hyattsvill	470	REC'D BY REGISTRAR DEC 2 0 '60	246, REGISTRAR'S SIGNATURE CLITCHIA S. HUMBS

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	17661										- 1
PLACE OF DEATH			MARYL	AND 2.	usual RESIDENCE (WI	here deceased	lived. If instituti	on: Reside	ence befo	ore admis	ision)
b city of town (	Jeorge If autside corporate limi	ts write	c. LENGTH OF STAY I	N 1h	c. CITY OR TOWN (IF	autride corner	ata limita write P	HIPAL and	oive re	great tow	n)
RURAL and give n		13, 11,110	C. LENOTH OF STATE	10	•				_	0.02. 10	,
Cheverly			1 Day		Mash not on	(XXX)	Camp S	prin	gs		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	jive street	address)		d. STREET ADDRESS					ON /	SIDENCE A FARM?
Prince (	George Hosp	ital			5710 A11	entown	Road			YES [	NO
3. NAME OF	Fir	st	Middle		Last	4. DATE	Mar	nth	Do	>y	Yeor
(Type or print)	Mild	hom	Agnes		Beal1	OF DEATH	1	2-13-			180
S. SEX	6. COLOR OR RACE		RIED NEVER MARRIE	D   8. D	ATE OF BIRTH	1	9. AGE (In years	IF UNDE	R I YEAR	IF UND	ER 24 HRS.
Fe.	White	WIDOWI			8-31-98		62 yrs.	Manths	Days	Hours	Min.
On. USUAL OCCUPATION of work o	ON (Give kind of work king life, even if retired LIE	dane 10b.	At home		Forestvil			12.CI	USA		COUNTRY?
3. FATHER'S NAME				1	. MOTHER'S MAIDEN	NAME					
Edward Wil	ley Sansbu	rv			Katherine	Mae	Kraft				
	ER IN U. S. ARMED FOR	-	SOCIAL SECURITY NO.	17. INFOI	MANT		Add	iress			
(Yes, no, or unknown)	(If yes, give wor or dates of s	arvice)	Honown		ard E. Beal	11, 571	O Allen	town	Rd,C	amp	Sprin
Canditions, if a gave rise to cause (a), stating lying cause last.	immediate Due To		Enocar	cino	nA d) /E	f1 ±	NE AS	]		48	AR.
САТІС		IDITIONS (	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a)	PERFO	AUTOPSY DRMED?
	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in	Part I or Part	II of item 18.)				`
Zoc. TIME OF INJUI Hour a.m. p.m.	RY Manth, Day, Ye	ar 20d. II While at war	Nat while		OF INJURY (Hame, form, street, affice bldg., etc.		ar tawn)		(County)		(State)
21. I certify the			13 19 60, and				12-13 The causes or		ne date	e state	d above.
22o. SIGNATO	Com	or		M.D	ATTENDING NO D	AED.	STAFF 1		12-	-13-2	OBIGNED
72c. PHYSICIAN'S NAME (Type)	Dr. Charle	s Dav	rid Connors	, M.D.	22d, ADDRESS 581	3 Lando	wer Rose	d,			
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	23b. DATE THERECO		23c. NAME OF CEME				ion (City, lown, and Rd.Pr			(S10	
24. FUNERAL DIRECTOR	R'S SIGNATURE	Ris	ADDRESS Mindole M.	nd.	25a. REC	DEC 1 9		STRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59



### MARYLAND STATE DEPARTMENT OF HEALISM Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE DICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH Il director, Page for your files. Board of Health, e. COUNTY COUNTY ( MARYLAND b. CITY OR TOWN (if outside corporete mits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give nearest to Boar not in hospital, give street eddress) refained State 3. NAME OF Middle DATE DECEASED OF the (Type or print) DEATH with S. SEX COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED THEVER MARRIED 2 with last birthdey) Months 2, and age 5 me 1 and 2 v 72 hours (rucke WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or loreign country) Page 1 suc during most of working life, even if retired) 18. Give Pages 1 form PM3. Pag pages FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, no, orjunkown) | (Hyesgive werordeles of service) in pencil in Item 1 Office along with burial-transit permi 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which "pending" gave rise to immediate cause Examiner's 10 DUE TO (e), stelling the underlying 285 couse last. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(#): 19, WAS AUTOPSY CERTIFICATION 8 cute the certificate, writing the word cregnat Medical plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Not While factory, street, office bldg., etc.) 0 While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry agent, death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S please exe 4 should I Address (Street, city, town, or county) DEP 220 BURIAL, GREMATION, 226, DATE THEREOF CEMETERY OR CREMATORY 22c. 22d. LOCATION (City, town, or country) 0 Heria. FUNERAL DIRECTOR ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO Z

1960

IF UNDER 24 HRS.

Day

6

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO E

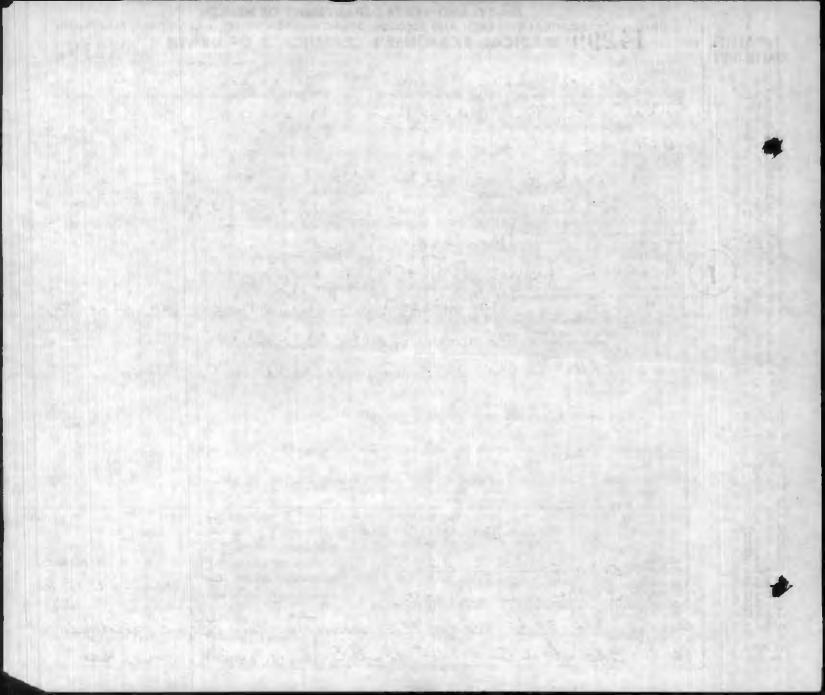
(State)

and in my opinion

DATE SIGNED

(Stote)

VS. A15ME 5M 7/59



# FOR STATE HEALTH DEPT.

hy is necessary, all director. Page for your files. TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please exclude the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full at should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be raisined TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and the angle within 72 hours after death. VS. A15ME

5M 7/59

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Division of STAT					
1422	MEDICAL	L EXA	MINER	'S CEF	1

) STATE DE	PARIMENI	OF HEAL	IH	
ID RECORDS,	301 W. PRESTO	N STREET,	<b>BALTIMORE 1</b>	, MARYLAND
MINER'S	CERTIFICA	TE OF D	DEATH	4 4 4 (10)

22220		over 4		
, PLACE OF DEATH		<ol> <li>USUAL RESIDENCE (Who e, STATE</li> </ol>	b. COUNTY	ion: Rasidence belofe edmission
Prince George's	MARYLAND			e Georgele
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	e. CITY OR TOWN (If outside	corporate limits, write, RURA	L and give nearest town)
Cheverly	ead en arriva	1 Greenbelt	67	7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS		I . IS RESIDENCE
Prince George's General Hos	enitel	20 C PPark	war	YES NO
3. NAME OF First	Middla	Last   4. DA	TE Month	Day Year
(Type or print) Howard Herman	Boomhower	OF	ATH December	28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED	MEVED MADDIED TI B.	DATE OF BIRTH	19. AGE (In years   IF UNI	
Male   White   WIDOWED	DIVORCED Ju	ly 17, 1908	52 yrs. Month	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)   12	. CITIZEN OF WHAT COUNTRY
	lding	Vermont		TT C A
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME		U. S. A.
Boomhower	FY2020	77.3		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCI	AL SECURITY NO. 17. IN	FORMANT Helen Boo	Address	
Yes, no, or unkown) (lifyesgivewarordatasofservice) Yes WW 11 5777-24	1 3 7 700			
Yes WW 11 577-22		ry M Boomhower,	Same as # 2	I INTERVAL BETWEEN
		demand to a second of the		ONSET AND DEATH
IMMEDIATE CAUSE (*)	ware confest	ivem heart fai	Ture	The state of the s
DUE TO				(2) (3) (4)
	mary arter	108CTeros18		NA.
gava risa to immadiata cause  (e), stating the underlying  DUE TO				10000000
cause last. (c)	2011			
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	
				YES NO
	OW INJURY OCCURED. (Ent	ar neture of injury in Pert I or Per	f II of itam 18.)	
Hour e.m. Whila	Not While factor	E OF INJURY (Home, farm, 2Df. y, streat, office bldg., etc.)	(City or town)	(County) (Steta)
	et work			
21. I certify that I took charge of the remains	described above, held	an Autopsy , Inspec	tion Inquiry	and in my opinion
death resulted from; Natural causes	Accident, Suicid	e , Homicide ,	Undetermined manner	
		CHIEF MEDICAL EXAMINS	IR	
SIGNATURE QUALCA	Jank	M.D. ASSISTANT MEDICAL EX	AMINER	DATE SIGNED
EXAMINEDS	2010	DEPUTY MEDICAL EXAMI	NER Decemi	ber 29, 1960
NAME (Ir/s) James I. Boyd		Address (Street, city, tow	200000	202 276 1700
22a. BURIAL, CREMAINON, 22b. DATE THEREOF   22c.	NAME OF CEMETERY OF		DEATION (City, lown, or cou	untry) / _ (Stefe)
Burial Dec 31, 1960 (	Polini Ston	Hationed 1.	Windlan	Virginia
23. FUNERAL DIRECTOR	ADDRESS	24a. REC'D BY RE	GISTRAR   246. REGISTRAR	S SIGNATURE
W. W. Chambers Go. H	iverdale	CALLES AND ALMER OF	61 arthur	
V		1714   DATE		A 7 PO-

AND IN THE STREET PRESENTANT PROSPERSOR niewzoel coulsi program despression de legroel activit taliand form in the food Transcond Constant Description of Constant Townsian general frames No Control Silver Edg Dates w and 17, 1908 and A date desired and the set of the TOWNS and The Telephone Special to Ta | Sill St. St. Dell. 9 Nort M. Stockhorst, Strains V. S. worlded popular gayltamines atom - Ingratopolitation variously Med 15 geddesed | E Jinge I. Toy I. 

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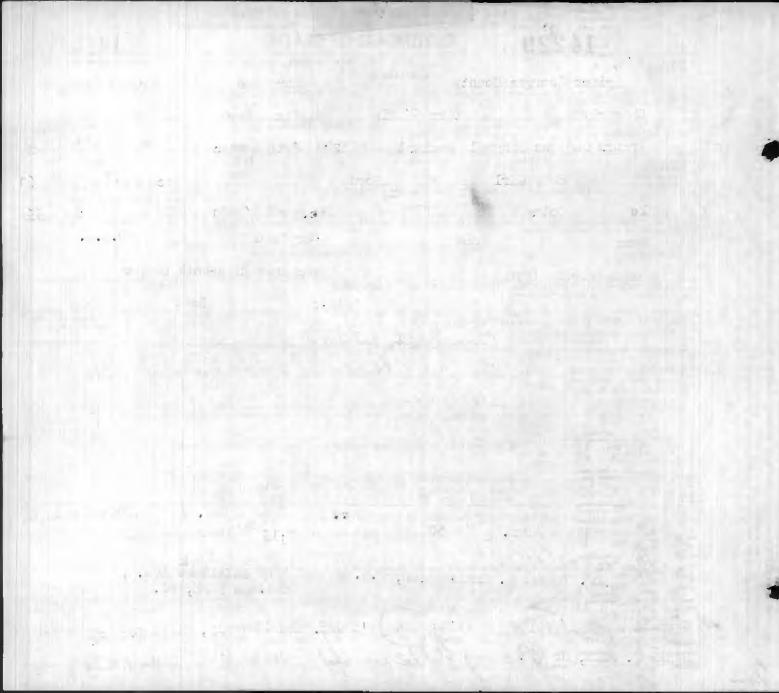
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	A A S. A. D. W. A. S. A. B. March.	ALVIE DE	A 414   1   1   1   1   1   1   1   1   1		
DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE 1,	M
14229	CE	RTIFICATI	E OF DE	ATH	

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1 - 6	1	ئه	63

Ī	1. PLACE OF DEATH 0. COUNTY			2. USUAL RESIDENCE (		ution: Residence before admission	m)	
	Prince Ged	orges Co	ounty MARYLAND	o. STATE	b. coun ryland	Prince George	2	
Part of the last o	b. CITY OR TOWN (If outside corporol RURAL and give nearest town)  Cheverly	te limits, write	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (		RURAL and give nearest lown)		
-	d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	oital, give street		d. STREET ADDRESS		e. IS RESID		
7	Prince George	e Gener	est Hoenital	1200 60	th Arranua	ON A F.		
	3. NAME OF	First	Middle	Lost	4. DATE M	onth Doy Yes	ar	
	(Type or print) Ral	ov Girl		Boyd	OF DEATH D	cember 8 19	1 60	
ŀ	S. SEX 6. COLOR OR I		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER I YEAR IF UNDER	24 HRS.	
	Female Col	Or WIDOW	ED DIVORCED	Decembe	lost birthdoy		Min.	
力	10g. USUAL OCCUPATION (Give kind of	work done 10b.	KIND OF BUSINESS OR INDE			12. CITIZEN OF WHAT CO	UNITE?	
	during most of working life, even if a		None	Mary!	Land	U.S.A.		
Ì	13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
	Joseph Lorenzo	Boyrd		Marga	ret Elizabeth	Cooper		
Ì	15. WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		ddress		
	[Yes, no, or unknown] (If yes, give war or do	ples of service)		Mother	Same			
ŀ	18. CAUSE OF DEATH Enter only	one couse per li	ne for (o), (b), and (c).]			INTERVAL BETY	WEEN	
	PART I. DEATH WAS CAUSED	BY:	nomin Genite	(3 lls)		ONSET AND D	)EAIH	
	7/A 5 DUE TO							
	Conditions, if ony, which) (b) Probable untracrasulal Hemorrhead							
-	gove rise to immediate couse (a), stating the under-							
	lying couse lost.	(c) (	Helecker					
	PART 11. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	rminal disease condition (	GIVEN IN PART 1(0) 19. WAS ALL PERFORM YES	MED?	
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port 1 or Port II of item 18.)			
			NJURY OCCURRED 20e. F	LACE OF INJURY (Home, f	form, 20f. (City or town)	(County)	(Stote)	
	20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	19 While of wor	Not while	octory, street, office bldg.,				
	21. I certify that (1) (this has	pital) otteno	ded the deceased from		1260 to Dec . 9	19.60, that (i) (w		
	saw the deceased alive an.	Dec. 9	19 60 and that	death occurred ato	TRM, fram the causes	ond on the date stoted o	above.	
	220. SIGNATURE	70 =	f -	ATTENDING	MED STAFF	22b. I	DATE	
	22c. PHYSICIAN'S TO THE	Krist	Center	M.D. PHYS.	DIRECTOR PHYS. K	12/9	160	
	NAME (Type) Dr. Tho	mas A.	Christensen, N		college Park, M			
	DOLD DURING CONTROL OF THE PARTY OF THE PART	UEBEOE	[-2 11100					
	23a. BURIAL, CREMATION, 23b. DATE TO	HEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	n, or county) (Stote)		
	Cremation 1/4/ 24 FUNERAL DIRECTOR'S SIGNATURE	01/9	Prince Georg		CHEVERTY MER	Vland CISTRAR'S SIGNATURE		
		Mh.	7/1/12	1/2	ARW O TOA			
	HARRY W. PENN, Or	yen	- ver	DATE	JAN 6 '61 C	William S. Kinney		
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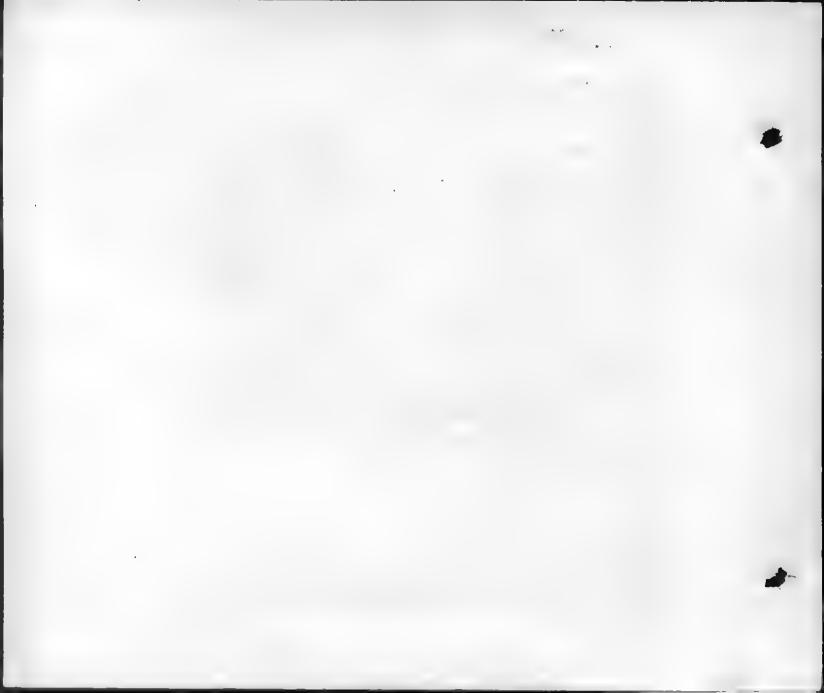
14300**CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY deoth. b. CITY OR TOWN (If outside corporate limits, write, ELENGTH OF STAY IN 16 c CITY OR TOWN IN outside corporate limits, write RURAL and give nearest tow RURAL and give pearest town) v d. NAME OF HOSPITAL (If not in mospital give street address);
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IX NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH Poges 196 5 SEX COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH AGE (In years last birthdoy) Months Days Hours WIDOWED N DIVORCED [ YES USUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, experif retired) 11. BIRTHPLACE (State or formion country) 12. CITIZEN OF WHAT COUNTRY? Durishic 13. FATHER'S NAME 14. MOTHER MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ╗ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) that DUE TO Š permit. Conditions, if any, which gued gove rise to immediate DUE TO couse (o), sloting the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 💢 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. ft. While Not while of work at work p. m. 2-3-.1960 , that I last saw the deceased 21. I certify that I attended the deceased fram. alive on at LO\_OS ADM, from the causes and an the date stated above. and that death occurred ADDRESS (Street, city **DATE SIGNED** ACTUAL PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION, 22b, DATE THEREO! 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Leonardtown. Burial /5/60 Alovsius Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE W.Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



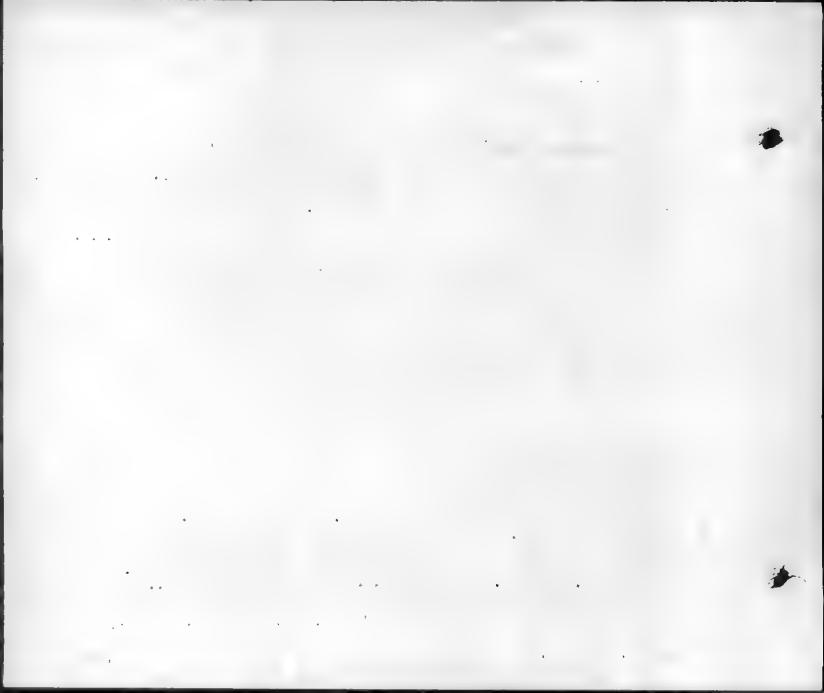
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LOVE



after death.

within 24 hours



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 14231 CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) filed **b** COUNTY a. STATE COUNTY MARYLAND George S Maryland Prince Prince George ! S funeral CITY OR TOWN (if putside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Mt. Rainief 6 Davs Cheverly d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d STREET ADDRESS Prince George General Hospital 2712 Webster St. NAME OF 4. DATE Middle Month G. (Type or print) DEATH Theodore Ruehler Dec. IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months DIVORCED | WIDOWED | 50 Male Whi te 10a USUAT OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) pape 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Washington, D. C. Wash. Bldg. Elevator Operator pup õ 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 8 Daisy Grice Robert Buehler remove 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 2712 Webster St. 18-21-4282Lucille Buehler no Rainier. 03 attendin please 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse last. buriol-transit PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 1. UNEMIA MeLLITUS 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) certificate OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fawn) Day, Year Haur p. m. factory, street, office blda., etc.) While Nat while at work at work 19 that (I) (we) last 21 | certify that (1) (this haspital) attended the deceased fram. # 2.M, fram the causes and an the date stated above 19 60 and that death accurred at saw the deceased-alive an OIRECTOR: ATTENDING PHYS. M.D. DIRECTOR 22c PHYSICIAN' 22d ADDRESS FUNERAT 230 BURIAL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) page the Sta REMOVAL (Specify) Lincoln Cemetery Georges Co. OL The S. H. Hines Company Washington, DC 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **VR ATS (4)** DATEDEC 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE YES NO T

Year

60 19

Day

1.1

Days

(County)

Hours

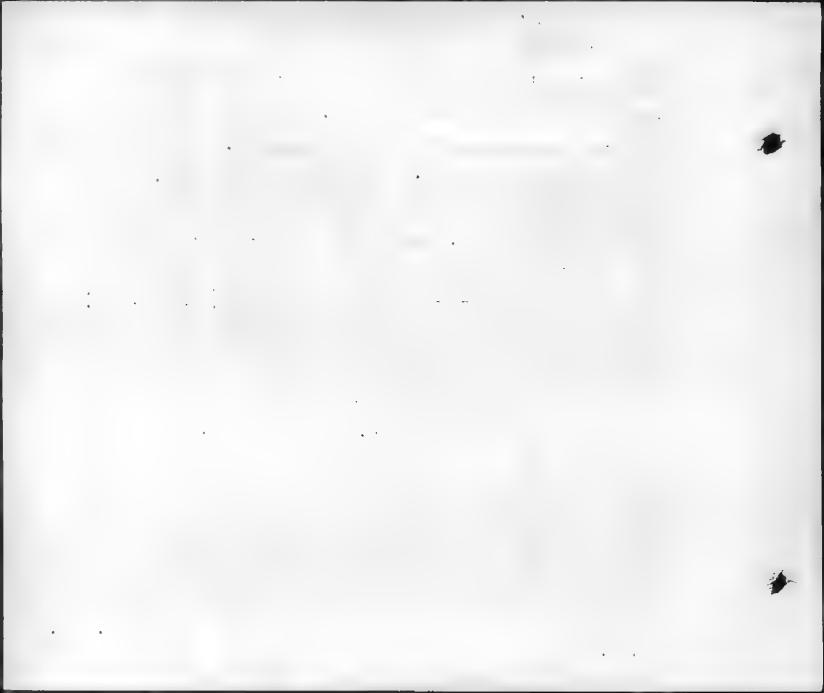
INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO T

22b, DATE

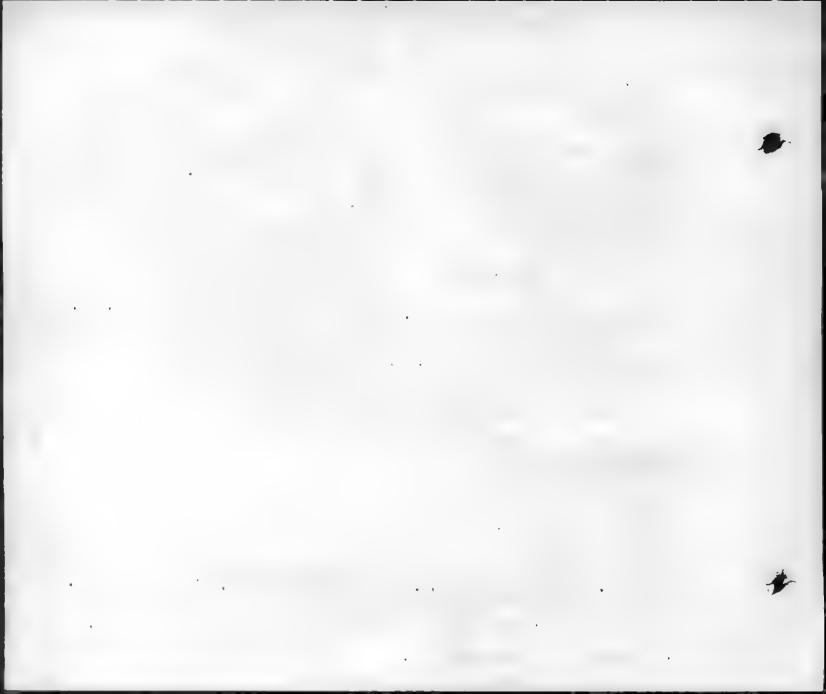
(State)



DSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag		JNERACESIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral direct	shauld be detached for use as the burial-transit permit. Then please remaye carby-papers, Pages 1 and 2 shauld be filed w	1
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# MARYLAND STATE DEPARTMENT OF HEALTH 1426 SON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		CEKTIFICA	IE OF DEATH	7/4/100
	, PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution	
	o. COUNTY Prince George	MARYLAND	Maryland Prince Goorg	ge.
ľ	b CITY OR TOWN (If outside corporate limits, write RUBALONDON Locorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RL	JRAL and give nearest town}
-	Cheverly	5 Days	College Park	2
A	<li>d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION</li>	t address)	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	Prince George General H	ospital	8505 60th Place	YES NO
	NAME OF DECEASED (Type or print) Tolans 1/2	Middle Pa	iffington 4 DATE OF DEATH Dec.	27 Year 60
ŀ	SEX _   6 COLOR OF RACE   7. MAR		B. DATE OF BIRTH 9 AGE (In years	TE UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOW		7-13-88 (ast Airthdoy) yrs	Months Days Hours Min
	Do. USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ı	Retired Machinist	J S Government	Maryland	USA
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	John E Buffir	ngton	Agnes A Garber	
	5, WAS DECEASED EVER IN L. S. ARMED FORCES? 16 [Yes, no. or unknown)   [If yes, give won or dates of service]	. SOCIAL SECURITY NO 17 IN	FORMANT Addre	esi
	no	Gr	ace L Buffington College	Park, Md.
	18 CAUSE OF DEATH [Enter on y one couse per	ne for (o), (b), and (s)	7 0 4 16	ONSET AND DEATH
	PART I DEATH WAS CAUSED BY.	when stell	oli Cardie Bescu	CAL TONSET AND DEATH
	a 60 % DUE TO	2. 0.77.	- 10.0	
	Conditions, if only, which )	mat less	and a Returne	
	gove rise to immediate	7: 00 6	Alakti.	
	couse (o), stoling the under-	rageles /	Teleties	
	PAIT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPSY
		ŕ		PERFORMED?
	PAIT II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CITE EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	), (Enter nature of injury in Port I or Port II of item 18.)	
		INJURY OCCURRED 200 PLA	CE OF INJURY (Home, farm, 20f (City or town)	(County) (State)
ı	Hour o.m. While p.m. 19 of wo	Not while	tory, street, office bldg., etc.)	
	23. I certify that (I) (this haspital) atten	ded the decessed from	12/22 1/00 - 12/27	19 (se that (I) (we) last
			eath occurred at A. M., fram the causes and	d an the date stated above
	220 SIGNATURE	a and that a	ediff accorded of Activity from the couses and	22b DATE
	a change	we.	ATTENDING MED STAFF	12/27/60 S.GNED
	22c. PHYSICIAN'S		22.1 +0.00000	
	NAME (Type Dr. Wolcott L Eti	enne, M.D.	4713 Berwyn Rd., Bolleg	ge Park, Ma.
F	30 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Dog 20 106	23c NAME OF CEMETERY OF		**
	Burial Dec 29, 196	U Trinity Luth	eran Cemetery Taneytown	Md.
	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250, REC'D BY REGISTRAR 25b, REGIS	TRAR'S SIGNATURE
	F. Gasch's Sons Hyat	tsville Md.	DATE DEC 3 0 '60	muy S. Thatle
- 9				

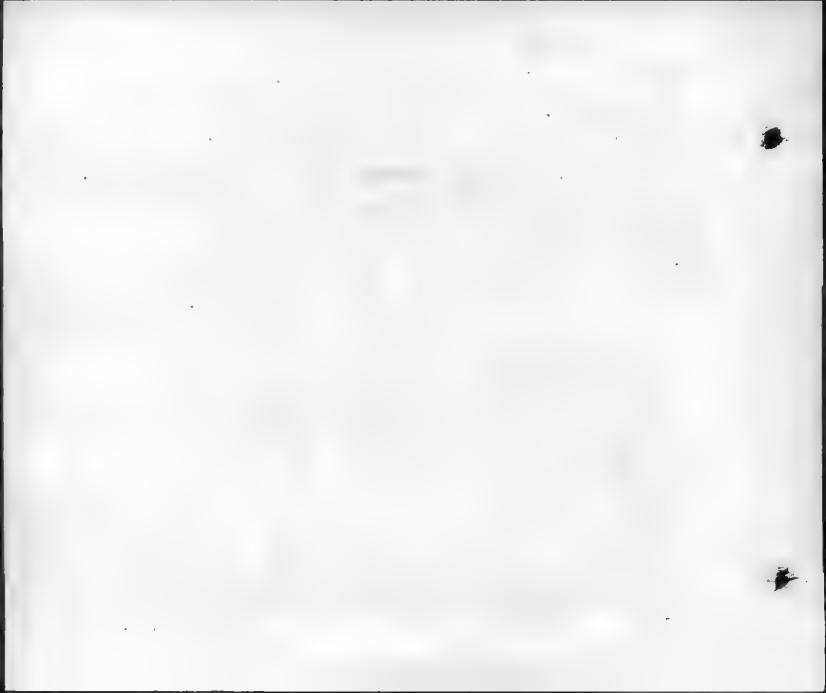


CERTIFICATE OF DEATH 14302 Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where decegsed lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate/limits, write c. LENGTH OF STAY IN 1b Š c CITY OR TOWN of outside corporate limits, write RURAL and give nearest town! RURAL and give nearest town] 몽 otell Hackale d. NAME OF HOSPITAL (If not in haspital, give street address) ( ed. STREET ADDRESS\_ o. IS RESIDENCE ON A FARM? OR INSTITUTION 00 00 Tree Killer YES NO ... 5 NAME OF 4. DATE Middle Month Year filled DECEASED OF DEATH ATHERINE MAGDELINE 12 Poges (Type or print) 19 60 S. SEX 6. COLOR: OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Doys DIVORCED [ WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working, life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT fill yes, nive were no closure of corniral attending please within 7 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ONSET AND DEATH Then 30 MIN **DUE TO** RTERILSCLEROTIC HEART DISEASE Conditions, if ony, which gave rise to Immediate **DUE TO** couse (o), stoting the underpup lying couse lost. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State) factory, street, office bldg., etc.) Hour o. n. While Nat while of work of work D. m 1960 that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death accurred at 12-3 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOI 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stotel) REMOVAL (Specify) BCW LL & 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE · Thur S. Thouse 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 14233 CERTIFICATE OF DEATH I director, filed with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY Pr Georges's MARYLAND Md. Georges death. eral b CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě c. LENGTH OF STAY IN 16 RURAL and give nearest town) fund Bhadenigykatarxxxxx Bradbury Hgts. d. NAME OF HOSPITA. III not in hospita, give street address)
Per ingremion Hospital 2726 - 52nd Ave. IS RESIDENCE ON A FARM? YES NO , E 6 3. NAME OF 4. DATE First Middle Month Year DECEASED CHAMBERS HARRY Sr December 12th.1960. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) Months Davs Male white WIDOWED | DIVORCED 9 78 yrs. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Navalost Gun Factorv Retired U.S and pan Marvland 2 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME 6 HARRA physicic Lloyd Chambers Marv L. Jankie гетаче 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT Address Harry 0 Chambers Sr. attending - same as above 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN LUCIUND 古 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to: **DUE TO** þ Conditions, if any, which gned gave rise to immediate ed. DIJE TO cause (a), stating the underlying couse last **burial-transet** peen : PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS AUTOPSY PERFORMED? certificate has YES NO NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) ‡ S 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Month. Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a m While Nat while at wark at wark D. m. ATTENDING I 21 I certify that (1) (this haspital) attended the deceased from Dec 4 102/1c/2 1960 that (1) (we) last 1960, and that death accurred at 1/1/1944 from the causes and an the date stated above saw the deceased alive an. RECTOR: 22a SIGNATURE 22b. DATE 5 GNED ATTENDING PHYS MED DIRECTOR STAFF M.D. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type TO FUNERAL 23d BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State) BIRPHDYAT (Specify) 12-16-60 Ft Lincoln Bladensburg, Md. 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Lee Funeral Home - Washington, D.C. FC 1 5 '60 VR A15 (4) Certhung & thomas DATE 15M 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14296	CERTIFICATE	OF DEATH	Н
4630		OI DEATH	

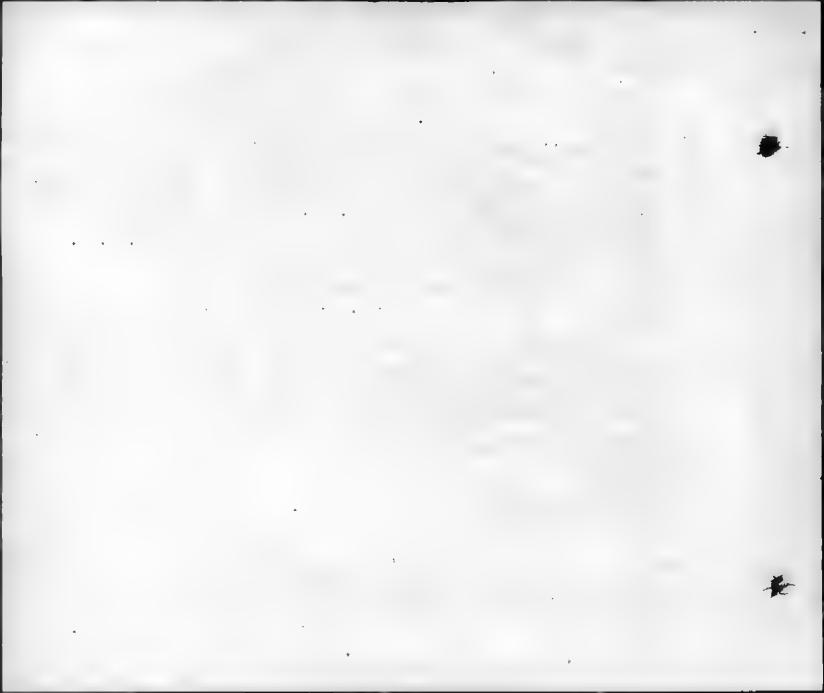
Reg. Dist. Ng. 556

1.	county Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)							
_		Maryland Pr. Ceo's							
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Worningside 7 Mos.	// Morningside							
41	NAME OF HOSPITAL (If not in hospital, give street oddress)	d STREET ADDRESS e IS RESIDENCE							
#	L'Beauford Rd.,	#1 Beauford Road VES NO NA FARM?							
	NAME OF SECENSED Type or print) (24+4 HELLEN)	Lost 4. DATE Month Day Year OF DEATH DECE 36 1960							
5.	EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS							
	Tarrette Tarrette	Aug. 10, 1893   lost birthdoy)   Months Days Hours Min.							
10c	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDIA								
	during most of working life, even if retired) USWITE OWN Home	Maryland U.S.A.							
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Stamp								
15.		NFORMANT Address							
{Ye	, no. or unknown)   (If yes, give wor or dates of service)								
_		rs. Ruth Jennings-Same As Item $\frac{1}{n}$ 2.							
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) A CLL+E VEIN+RICLE HICH /CAROLH ONSET AND DEATH  HOLK								
	Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.	tie HEART GISTAST 4 YRS. 1							
CATION	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY							
5	GOROMARY THERE back HUG	7. 1956 4. (ct. 1460 PERFORMED) YES IN NOT							
CERTIFIC	20g. ACC DENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. While No! while for work 0! work 0! work 1.	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)							
	21. I certify that I attended the deceased from DEC 7, 1960, to DEC, 36, 1960, that I last saw the deceased								
	alive an DECC 30, 19 60, and that death occurred at 1/50 PM, from the causes and an the date stated above.								
	ADDRESS (Street, city or fown, stole) DATE SIGNED								
	SIGNATURE (11) - STECCE. MD. 1200 MARIBORG PEKT 12-30-10								
	PHYSICIAN'S WALTER B. SHFFR N.	7,0,(11,75H, 28. D.C.							
220	BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OF CHAPTERY OF CEMETERY OF CHAPTERY OF CHAP								
23. ]	runeral director's signature Address Ritchie Bros.Fun'l Home-Upper Man	Md. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE PLOOPO, DATE AN 13'61 CARLING & KANA							

TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 he funeral director, should be filed with moy be replaced by the hospital or attending physician.

TO FUNERA TRECTOR: After this certificate has been signed by the attending physician and campletely filled in poge 3 should be detached for use as the burial-transit permit. Then please remove action popers. Pages 1 or the registrar prior to burial, cremoilan, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57



	MARYL 14216	AND			ENT OF HEALTH		TIMORE, 1	8				
1. PLACE OF DEATH	11010								ist. No.		21.2	
o. COUNTY	rince Geor	ges	MARYLAI	ND	2 USUAL RESIDENCE (Whe o. STATE Maryla		d lived. If institution b. COUNTY					
b. CITY OR TOWN (*) RURAL and give no	outside corporate limits	, write	c. LENGTH OF STAY IN	16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
Hyattsv			?		// Hyattsville							
d. NAME OF HOSPIT	AL (If not in hospital, giv	e street	oddress)		d. STREET ADDRESS	-				IS RESIDI		
	13 20th Av	0.			5413 20th Ave.							
3 NAME OF DECEASED	First		Middle		last	4. DATE	Mant	'n	Day	Yeo	)r	
(Type ar print)	Samuel		A.		Chepuras	DEATH	12	)	4	19	60	
5. SEX		7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH	* ***			R I YEAR IF		24 HR5	
male	white	MIDOWE	DIVORCED [	ן כ	10/12/1881		79 yrs	Months	Days 1	lours	Min	
100. USUAL OCCUPATIO	N (Give kind of work de	ne 10b	KIND OF BUSINESS OR I	NDUS	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						OUNTRY?	
Retired	ing the, even it temed)	P	roduce		Greece					S.A.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NA	AME						
Nichole	s Chepure	.5			unknown							
15. WAS DECEASED EVEN	R IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT		Addr	1127	32 Pc	rte	r St	
no	its yes. give was or datas or ser	ucel	none	Re	v. John T.	Tavl	ardies		shing			
18 CAUSE OF DEA	TH [Enter only one cou	e per lir						71 00	INTERV	AL BETW	/EEN	
	TH WAS CAUSED BY:	Car	A 1 /	1	cular Ac		10 h		ONSET	AND DE	ATH	
3317	DUE TO				4				-	ola.	10	
Conditions, if or	ny, which )	G	eneralese	d	Anterior	1000	4 2 - 4 4		10.	4.40	4	
gove rise to immediate Course (a), stating the under-								10.	gra	e		

Nic 15. WAS DECE  $\mathbf{n}$ CAUSI PA Condilio gove ris couse (o), lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEMCAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.) Day, Year 20f (City or town) (County) (Stote) Hour a. m. Not while at work of work p. m. 21. I certify that I attended the deceased from ..that I last saw the deceased and that death occurred at PM, from the couses and on the date stated above. Frank M. Trozzo.J 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Slote) REMOVAL (Specify)
Burial Glenwood cemetery Washington, D. C. 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE

DATEDEC 6

Cothur S. House

The S. H. Hines Co. 2901 lith St.N.W.

VS A15 (4) 15M 10/57



VR ATS (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 1430

14.19	DIOM OF	SIMIISHICAL	KEJEAKUN	MIND	KECOKI	73	- PA	R I I
J		CEI	RTIFIC	ATE	OF	DE	AT	H

14203

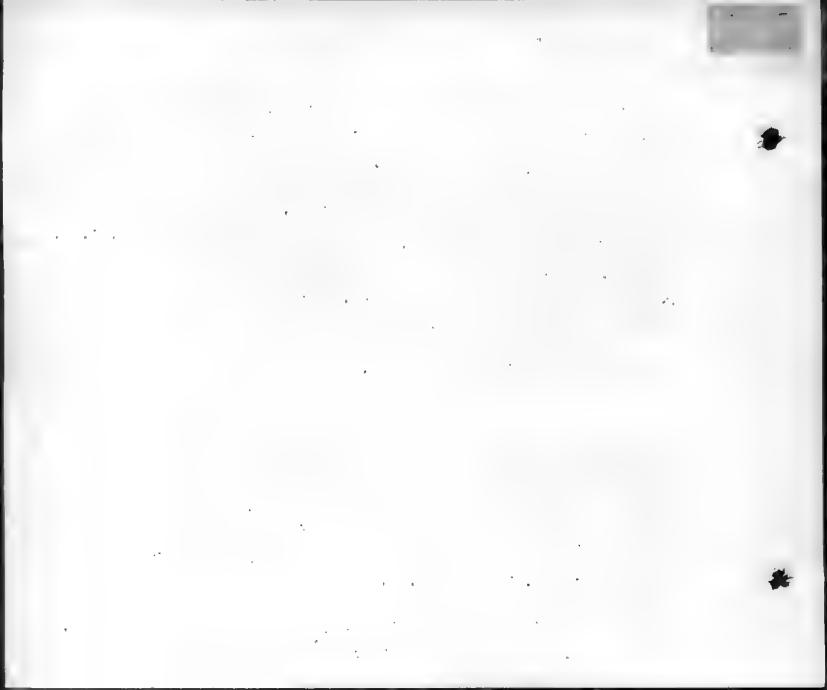
7	1. P	PLACE OF DEATH	rince Georg	ges	MARYL	.AND	2. USUAL RESIDENCE (WI a. STATE D.	here decesse , <b>C</b> .	d lived if institut b. COUNTY		before odi	mission)	
	Ь	o. CITY OR TOWN (IF RURAL and give new Glenn 1		. 1	c. LENGTH OF STAY I	N 16	c city or town (if a Washi	ngton	orate limits, write	RURAL and gi	ve negrest t	X-3	
E	d	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Glenn Dale Hospital					d STREET ADDRESS 419 - Kennedy St., N.W.   S. RESTDENCE ON A FARM? YES   NO X						
	3 NAME OF DECEASED (Type or print) Daisy		Middle L.		Clark 4. DATE Month Clark 12				11	Year 1960			
	s. s	emale	6. COLOR OR RACE White	7 MARR	D NEVER MARRIE	~ 🗀	3/22/83		9. AGE (In years last bythday) yrs	Manths E	YEAR IF UI	NDER 24 HRS. Prs Min,	
	10a.	. USUAL OCCUPATIO during most of work BOOKKEEP1	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (Store Virginia		country)		EN OF WHA	AT COUNTRY?	
1	13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		Lucas Cla	rk				Sara Rolli	ins					
		WAS DECEASED EVES	IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17 INF	Decedent		Ad	dress			
		no la caller of pro-	est fe		lost)		Decedent				INTERVAL DETWEEN		
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  [MMEDIATE CAUSE (a) Arteriosclerotic heart disease with coronary  [MMEDIATE CAUSE (a) Arteriosclerotic heart disease with coronary											
		zweet insufficiency unknown										nown	
		Conditions, if any, which (b)											
		gave rise to immediate couse (a), stating the <u>under</u> DUE TO											
	7	lying cause last ) (c) (c) (c) (c) (c) (c) (c) (c) (c) (											
	FICATIO	Generalized arteriosclerosis; bronchopneumonia, right middle lobe, resolving; pyelonephritis											
•	CERT	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	Not while at work		CE OF INJURY (Hame, formary, street, office bldg., etc.		ly or fawn)	(Ca	zunty)	(State)	
		21. I certify tha	19.60	2, that (	l) (we) last								
		21. I certify that (I) (this haspital) attended the deceased fram. 12/9 1960 to 12/11, 1960, that (I) (we) last saw the deceased alive an. 12/11/ 1960, and that death accurred at P. M. fram the causes and an the date stated above.											
ê		22a. SIGNATURE	live W	lin	,	N	D. PHYS.	AED X	STAPF PHYS		12	226. DATE 2/11/60	
		22c. PHYSICIAN'S NAME (Type)	Moe Weiss				Glenn Da	ale Ho	spital,	Glenn 1	Dale,	Md.	
	23a	BUR A CREMAT O	N, 236. DATE THEREO	60	23c. NAME OF CEME	TERY OR	CREMATORY	23d 10C/	AT ON IC ty, town,	or county)	(	State)	
1	24	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS	H.	250. REC	D BY REGIS	STRAR 256 REC	ISTRAR'S SIG	NATURE	and the	
)	W	W. Char	Mes Co	/	317-11	MI	S.E DATE	DEC 1	9 '60	Calun,	S. Fin m	A	



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14304 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) b COUNTY Pr. Geo!s Prince Georges MARYLAND Marvland after death Funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) and blue Upper harlboro Upper Marlboro d NAME OF HOSPITAL (If not in hospito), give street address) OR INSTITUTION Largo Rd. RFD Box 2771 ■ IS RESIDENCE ON A FARM? YES NO N RED Box 2771 TO HOSPITAL FOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours may be refer to by the haspital or attending physician. TO FUNERAL OTRECTOR: After this cert ficate has b≡n signed by the ottending physician and campletely filled in page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers Pages 1 and 2 4. DATE OF DEATH NAME OF First Middle Year Lost Manth Day 70 1960 (Type or print) MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Manths Doys Hours White Male WIDOWED [7] DIVORCED | 65 yrs Abin 72 hours ofter death tached for use as the burial-transit permit. burial, crematian, or remavai, and in any a the registrar prior to

VS A15 (4) 15M 9/58

during most of working life, even if retired Chrmn of Board	Sheet Metal	Maryland	U. S. A.					
13. FATHER'S NAME	Supply Co.	14. MOTHER'S MAIDEN NAME						
Henry F. Clarke  15. WAS DECEASED EVER IN U. S. ARMED FOI  (Yes, no. of unknown)  WE UNKWN	RCES? 16. SOCIAL SECURITY NO.	Carolyn Barlin INFORMANT Mrs. Marie A. Cla	Address					
18. CAUSE OF DEATH [Enter only one or IMMEDIATE CAUSE BY. IMMEDIATE CAUSE & DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	arterios clerotion	CVR Llise ass	INTERVAL BETWEEN ONSET AND DEATH					
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Doy, Year Hour a.m., While Not while Not while States, office bldg., etc.)  20e PLACE OF INJURY (Home, form, 20f (City ar town) (County) (States)							
21. I certify that I attended the olive on 20 New ACTUAL SIGNATURE		th accurred at 5 73 M, from th ADDRESS (Siree M.D. Upper Marlb	that I lost sow the deceased a causes and an the date stated above II, city or town, state)  DATE SIGNET OPO, 11d 12/20/60					
220 BURIAL, CREMATION, 226. DATE THERECE REMOVAL (Specify) BUTIAL 12/22/6	O Trinity Co		N (City, town, or county) (State)  Larlboro Md.					
23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros. Fun	ADDRESS 1 Home-Upper 1	Arlboro DATE JAN 3 151	R 24b REGISTRAR'S SIGNATURE					
			- variety					



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Section 1

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I director, filed with Page / 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Georges FINCE within 24 haurs after death. b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) Se RURAL and give nearest town) 5 Cheverty d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Hoinee Goorno's NAME OF 4. DATE Middle Lost Month DECEASED OF DEATH Pages (Type or print) Cookey 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) 3 DIVORCED T WIDOWED [ 100 USEAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) allonnen 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME ò physi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes on or unknown) 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) men acu the t **BUE TO** ۵ permit. Conditions, if ony, which been signed gave rise to immediate DUE TO cause (a), stating the under-'n Scerotic ying cause lost. **burial-transit** physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION cremation, hos affending 706 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) certificate the 20e PLACE OF INJURY (Hame, farm, 20f (City or town) 20c. TIME OF INJURY 20d INJURY OCCURRED Day, Year factory, street, affice bldg., etc.) ō Hour om While Not while at work at work 21 I certify that (1) (this haspital) attended the deceased fram. 19 60, and that death accurred at 9% M, from the causes and an the date stated above. saw the deceased alive an Dec. 3 d by the by the bring birector. 220 SIGNATURE ATTENDING MED DIRECTOR STAFF PHY5 M.D. FUNERAL DIR 22¢ PHYS C AN S 22d ADDRESS NAME (Type poge 3 shithe State I 230 BURIAL, CREMATION, 236 DATE THEREOI 23d JOCATION (City, lown, or county) NAME OF CEMETERY OR CREMATORY DEMOVAL (Spec fy) 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR

4812

Willest.

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DATEJAN

MARYLAND STATE DEPARTMENT OF HEALTH

Prince George'S

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

1966, that (1) (we) last

(State)

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES, 7 NO

(State)

SIGNED

Months

e. IS RESIDENCE ON A FARM?

YES NO A

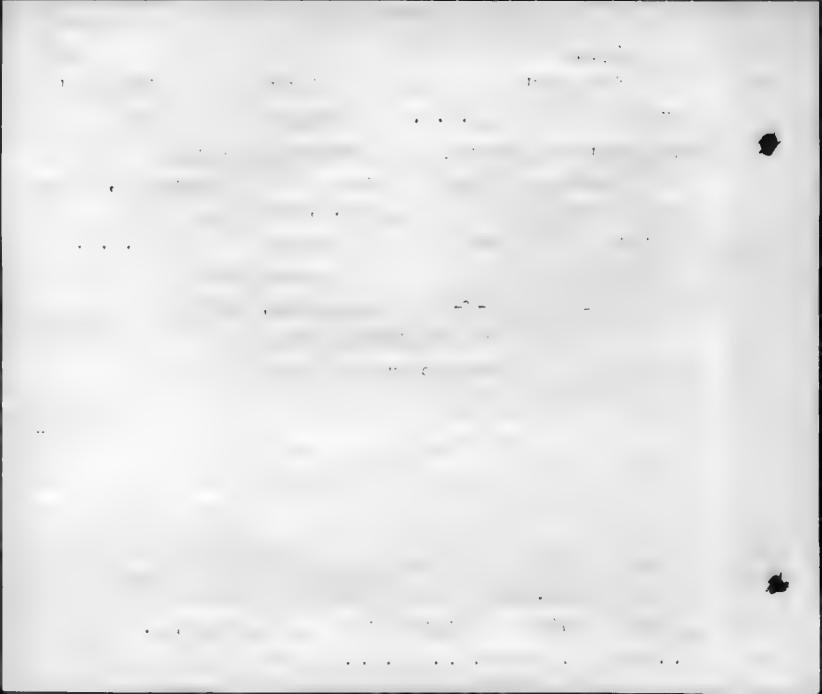
Year

1960



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence period admission) 1. PLACE OF e. COUNTY Page STATE b. COUNTY director. Page or your files. Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN ( f outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL and give neerest town! 0. A. Cheverly Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) STREET ADDRESS e. IS RESIDENCE Boar ON A FARM? State YES NO and 3 to the fu Prince George's General Hospital 6900 George Palmer Year DECEASED the (Typa or print) DEATH 19 2 with the Taylor Cope IF UNDER 24 FIRS with 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In YOUR | IF JNDER | YEAR DATE OF BIRTH s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours a fast birthdey) Months Hours Male White Jan. 9, WIDOWED [ DIVORCED This certificate should be executed within 24 hours after 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page I dana during most of working life, even if retired) Meat Tennessee permit. File pages Office along with form PM3. buriel-transit permit, File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abner Lee Cope Zora Belle Wartin event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, po, or unkown) (lives nive werordeles of service Mrs Ann S Cope. as # 2 same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO removal. Cardiovascular renal disease Conditions, if any, which (6) gave rise to immadiate cause Examiner's 10 **DUE TO** (a), stating the undarlying N D cause lest. pesn cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? sase exerts the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | age 3 sho to burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or lown) (State) (County) fectory, street, office bldg., etc.) 0 While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 👆 nauiry and in my opinion agent, death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MED. CAL EXAMINER 12/4/60 EXAMINER'S Boyd James I. DEPU NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 040 g Arlington National Arlington, Va\_ 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR 24a. REC'D BY REG.STRAR VS. A15ME Chilbun S. Kraus W.W.Chambers Co. 3072 M St. N.W. Wash. D.C. '60 DATE DEC B 5M 7/59

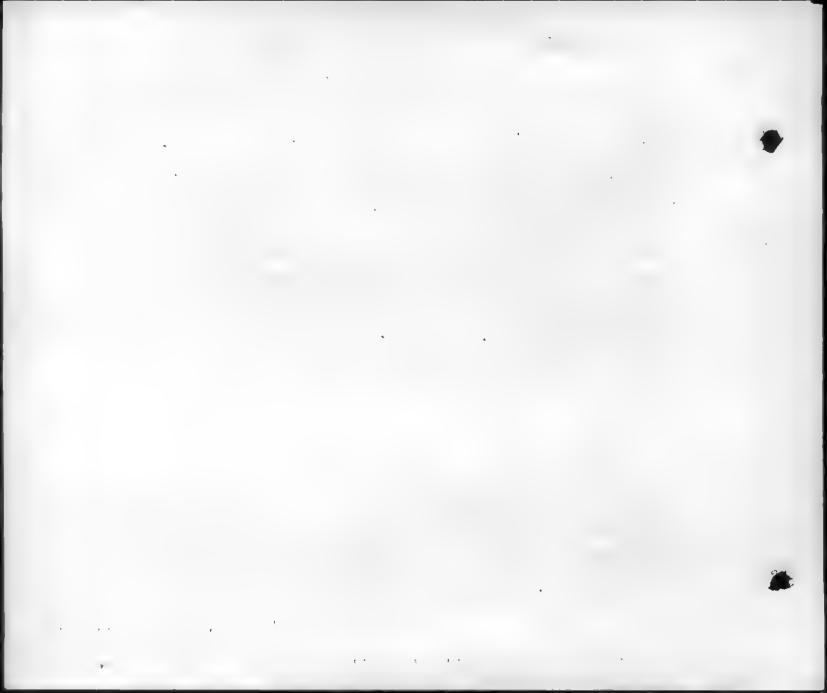
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before partission) · COUNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town; RURAL and give nearest Jawn) CAMPSPEINGS d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? OR INSTITUTION USAF NOSF YES NO NO NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 1960 IF UNDER 1 YEAR IF UNDER 24 HRS OR RACE 7. MARRIED | NEVER MARRIED AGE (In years lost birthday) Months WIDOWED [ YIS 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working tife, even if retired) 13. FATHER'S NAME KOUERICK ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN ottending CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVA, BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Eningo Cocce miz h-IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY buriol-tra PERFORMED? YES TO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INSURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour o. m. While Not while of work of work 19 60 10 24 Vec , 1960, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 24 Dec 19.00, and that death occurred at 30PM, from the causes and on the date stated above saw the deceased alive on... A ATTEN of by the RECTOR: 22o. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF PHYS DIRECTOR [ PHYS. 22c PHYSICIAN MOORE USAF Hsp, Andrews Air Force Base 230. BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12/27/60 Conkle Fun | Home, Indianapolis, Ind. Buria 24 FUNÉRAL DIRECTOR'S **ADDRESS** 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rinaldelly 816 H St., NE, Wash., DC arthur & Heres

death.

MARYLAND STATE DEPARTMENT OF HEALTH



	4.40	DIVISION C	ARYLAND ST OF STATISTICAL RESI	ATE DE		OF HEALTH	YLAND	
	142	17	CERTI	IFICAT	E OF DEAT	TH et		14209
	1. PLACE OF DEATH a. COUNTY PRIM	162 Hea	262 MA	RYLAND	2. USUAL RESIDENCE	(Where deceased live	b. COUNTY	dence before admission) /ndd /Vddvdd //s
	RURAL and give near		c. LENGTH OF STA	AY IN 1b	C. CITY OR TOWN	(If outside corporate I	mits, write RURAL or	C.4.
	d. NAME OF HOSPITAL	. (If not in hospital, give stre	et oddress)		d STREET ADDRES	S 20thS+ &	4/////////////////////////////////////	Washington is RESIDENCE
10	CARROL	L MANOR 4	1922 Lp Sale	E RA	179121212	1 HA IS AIA	4191 RA	ON A FARM? YES NO Y
	3 NAME OF DECEASED	First	Midd		Last	4 DAYE	Manth	Doy Year
	(Type or print)	7 RANC	es pe	SALE	S COX	DEATH	Decem	7
	S SEX	1.1	RRIED NEVER MAR		10 - 9 - 18	77	GE (In years of UNE Month & 3 yrs	Days Hours Min.
	10a. USUAL OCCUPATION during most of working	(Give kind of work done 10	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (S	itate or foreign country		TITIZEN OF WHAT COUNTRY
	1	mproyed	NON	C	DEONE	se Town	D.C. 5	21.5,A.
	13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME		*
	John	F. COX				UDE V.	WELC	<i>H</i>
_	15. WAS DECEASED EVER I	yes, give wor or dales of service)	6. SOCIAL SECURITY N	17. INF	ORMANT ()	Q to	Address	Par Hanny
	TIS CAUSE OF PEATL	1 [Enter only one couse per	has fee (a) (b) and (		wer ver	new Colo	icia O	INTERVAL BETWEEN
	PART I, DEATH	WAS CAUSED BY:	DARIAGE D		estin - Din	hailen	A	ONSET AND DEATH
		MMEDIATE CAUSE (o) C	- D	2017	VI PILLOND	2	-	3 0 700000
	Conditions, if ony		Gulm	man	Sombols	em		30 minutes
	gave rise to imm	nediate DUE 70	_	1/2	- 11	0 1 1	)	
	lying couse last.	(c) <u>Ca</u>	reinoma of	1h h	east with	dinal and y	may instant	in 6 months
	PANT II OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO E	DEATH BUT N	IOT RELATED TO THE T	ERMINAL DISEASE CO	ADITION GIVEN IN P	'ART 1(0) 19. WAS AUTOPSY PERFORMED?
(		certains con	d'adecionale	whe	Clarkingers	entar oricle	eal :	YES NO 🖭
	OR CONTRIBUTING C	I CAUSE OF DEATH EDICAL EXAMINER)	ESCRIBE HOW INJURY	OCCURRED	tenier nature at injur	y in ram i or rom ii o:	rem to ;	
	20c. TIME OF INJURY Hour o. m. p. m.	Wh	. INJURY OCCURRED	20e PLA6	CE OF INJURY (Hame, pry, street, office bldg.	form, 20f. (City or h	own]	(County) (State
		(1) (this hospital) after	9 45	- /	June	1960 , to le		50, that (i) (we) las
	22a SIGNATURE	d alive and classe		id that de				the date stated above 22b DATE SIGNED
	22c PHYSICIAN'S	org. pa-cen	My h	M	D PHYS  22d, ADDRESS	DIRECTOR P	AFF DEC.	3,1960.
	North Activities (Transpired)	OSEPH J. MSE	ARTHY JI	R. M. D	3001	9 57. 1	IN WASA	HONGTON D.C
	23a BURIAL, CREMAT ON PREMOVAL (Specify)	23b. DAYE THEREOF	23c NAME OF CE	METERY OR	CREMATORY	23d LOCATION	(City, town, or count	y) (Stote)
	BURIAL	14-6-6	mil	Yew	et cem	· dias	hington	CICALIFURE CO.
	24 FUNERAL DIRECTOR'S	DE Val 2	224-Wi	a, a	in MW DATE	DEC 7 '60		SIGNATURE S. Krand



MARYLAND STATE DEPARTMENT OF HEALTH

1 (1) 1) Properties of the pr

1/19.0

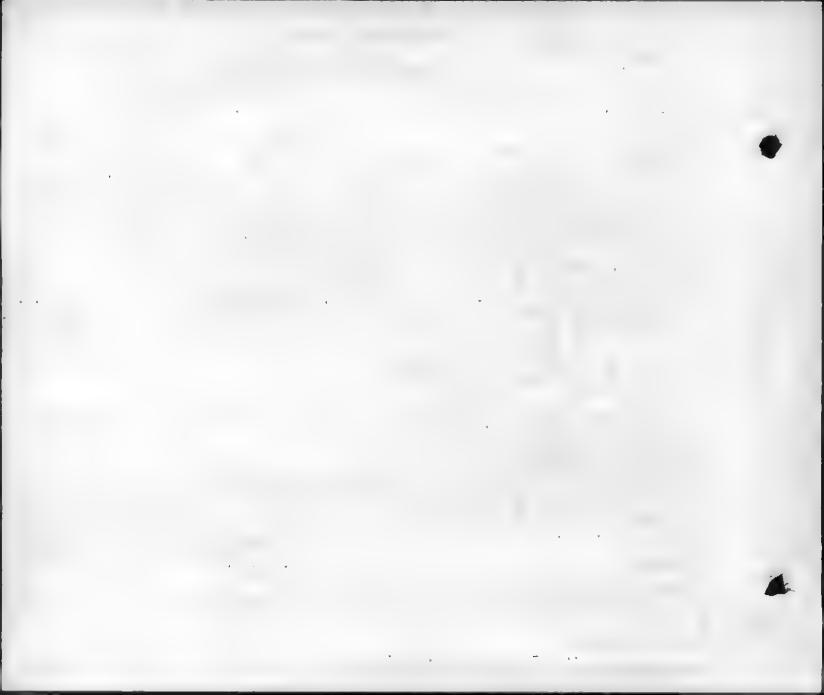
1	14231 CERTIFIC	ALE OF DEATH	13810
Braunitt	PLACE OF DEATH COUNTY Prince GROSS'S MARYLANI	o. STATE Mary Land b. COL	
	b. CTY OR TOWN (If outside corportion limits, write c. LENGTH OF STAY IN 11 RURAL and give negret town) - personal for 10 years	Kent Village, Kya	ttoville
,	d. NAME OF HOSPITAL (ILVO) in hospito, give/steel obditess) Cheverles ORINSTITUTION Prus Ce George & Jon. Hospital	27 2722 73 M Rac	e is residence On a farm? YES NO
	NAME OF DECEASED Hargaret Aun		Month Day Year  2 2/ 1960
	5. SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	4.16.1888 72	yrs Months Days Hours Min.
	100. JSUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	Wiscousin U.	SA Tuice George
	Aaron Newcoule	2 Unknown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (See, no. or unknown) [If yes, give wor or dates of service]	george H Crocker, K	est Village Kust
	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse lost.  DUE TO  (b) Arterioscle  (c)	rdiac failure rotic coronary d	is case 1 year
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH    20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUI  OR CONTRIBUTING   CAUSE OF DEATH    UT EITHER, NOTIFY MEDICAL EXAMINER	RRED. (Enter nature of injury in Part I or Part II of item 11	PERFORMED? YES NO
		PLACE OF INJURY (Hame, form, 20f (City or town) foctory, street, office bldg., etc.)	(County) (Stote)
	21 I certify that (1) (this haspital) attended the deceased from sow the deceased give an ACC 2/ 19 60 and that	m Sufat 1960, tofice 2 at death occurred at PM, from the cause	1,1
	220 S GNATURE LETER & CHECK	M.D. ATTENDING MED STAFF PHYS.	22b DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) PETER DIIUS	6/24 Contral Ao Ca	nitel Heights, Md
	236 BURIAL, CREMATION, 236 DATE THEREOF Randolph (		own, or county) ( (state) -
	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 300;	47 A CA 250. REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE

TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflect by the hospital an attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, or removal, and in any event, with 72 hobes after death. Then please remove carbon popers. Pages 1 and 2 shauld be filed with and in any event, with 72 hobs after death. may be r. TO FUNERA VR A15 [4] 15M 9/59

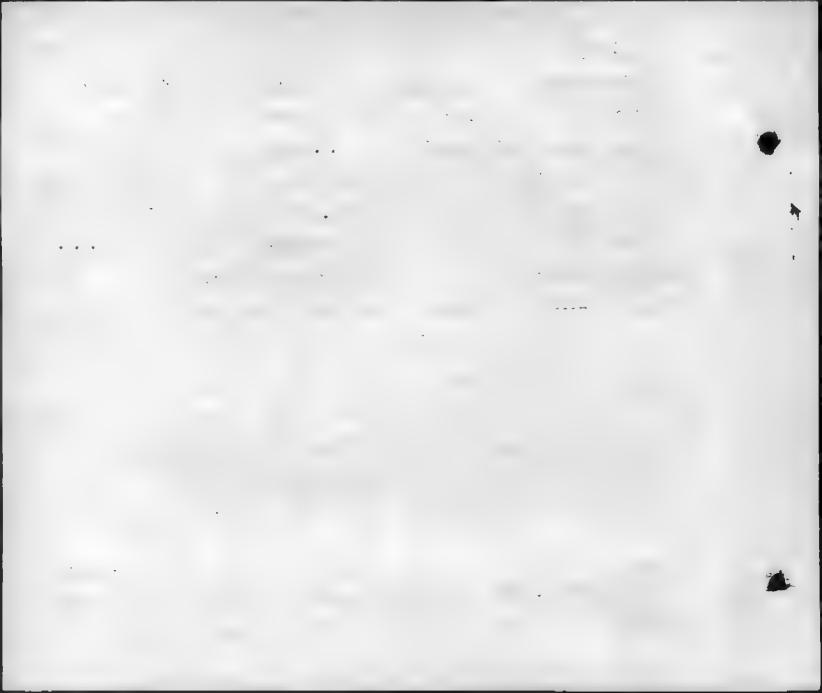


		MARY	LAND	STATE DEPA	RTM	LENT OF H	EALTH	I-BAL	TIMORE, 1	8		
L		14300	}	CERTI	FIC	ATE OF E	EATH	1		Reg. Dist	. No.	1211
1.	I. PLACE OF DEATH  o. COUNTY Prince Georges MARYLAND				LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Prince Georges						
	b. CITY OR TOWN (IF RURAL and give not Landover P	outside corparate limi arest town) O	ls, write	c. LENGTH OF STAY  3 Weeks				P.O.	role limits, write R	URAL and gi	ve neorest	town)
5	d. NAME OF HOSPITA OR INSTITUTION 202 Ardmo	al (If not in hospital, g	iva street o	oddress)		d. STREET A		nore R	oad		0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	FLORE		Middle VIRGIN	IA	DENHA		4. DATE OF DEATH	December	h 11t	Day h,	Year 1960
	Female	White	WIDOWE		۰	8. DATE OF BIRT	5th, 18		9. AGE (In years last birthday) 76 yrs.		YEAR IF U	NDER 24 HPS.
10	during most of works	N (Give kind of working life, even if retired 110	done 10b.	At home	RINDU	STRY 11 BIRTHPI Wash:	ACE (Slote Ington	or foreign c	ountry)		USA	HAT COUNTRY?
13.	Goorge W.	Sanford				Unknow		IAME				
1S (Y	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, gure wor or dates of s NOME		SOCIAL SECURITY NO 19-03-5615D		orge V.	Denha	ım, 92	Addi O2 Ardmor		Lando	ver P.O.M
		TH [Enter only one co H WAS CAUSED 8Y: IMMEDIATE CAUSE (o		e for (o). (b). and (c). .abetic Ac	ido	sis					ONSET A	L BETWEEN AND DEATH
	Conditions, if any, which by Diabete Wellitus 15 years											
	tying cause last.  DUE TO  (c)											
MEDICAL CERTIFICATION	Parr II. OTHI Diabe	ere dauget.	ana n	Tgnc root						EN IN PART		AS AUTOPSY REORMED?
L CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A			RIBE HOW INJURY O	CCURRE	D. (Enter noture o	f injury in f	Part I or Par	t II of item 18.)			
MEDICA	20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day, Yes	While	IJURY OCCURRED  Not while at work	20e. PL fo	ACE OF INJURY ( clory, street, office	tome, farm, bldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
	21. I certify the		decease	od fram. Janu								
ADDRESS (Street, city or town, stote)  DATE SIGN							DATE SIGNED					
		derick W.	Schne	ider		Washi						
	BURIAL, CREMATION REMOVAL (Specify)	12/14/19	F	22c. NAME OF CEME Congressi			y		ngton, D		(	State)
23	FUNERAL DIRECTOR'S	SIGNATURE 8 Co., 517-	-11th	ADDRESS St.S.E.Wa			24a. REC'E	O BY REGIST	RAR 246. REGIS	TRAR'S SIGN		
_												



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission e. COUNTY b. COUNTY e. STATE Prince George MARYLAND Prince George Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Your dof write RURAL and give neerast fown). Cheverly days Acuasco d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? er death. If any der, and 3 to the for 5 may be retaine. State Prince George General Hospital P.O. Box YES NO NAME OF Middle 4. DATE Day Year Month DECEASED OF with the (Type or print) John DEATH DOUGLAS 11 Dec 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours Male WIDOWED [ DIVORCED [ Nov 8. 1960 10a. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? Page E dona during most of working life, even if retired) Pages 1, None Maryland U.S.A. PMP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give George Nelson Brown Mary Alice Douglas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) ( (If yes give wer or dates of service) in pencil in Item 1 No Hospital Records None 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Malneutrition IMMEDIATE CAUSE (a) Office DUE TO **burial** Conditions, it eny, which [b] gave rise to immediate cause "pending" DUE TO (e), steting the underlying Ma Jical Examiner 38 causa last. cremation, o PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? the the certificate, writing the word for the chief Malical E. M. DIRECTOR: Page 3 should be YES NO X 20a EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 2Df, (City or town) [County] (Steta) factory, street, office bldg., etc.) While Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [X]. Inquiry 7, and in my opinion agent, death resulted from: Natural causes X I Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER GA designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER-EXAMINER'S James I. plnods NAME (Type) DEPU Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 0 Circumy S. House

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE	143()8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if Institution: Residence before numssion)
Page les.	. COUNTY Truce Georges MARYLAND . STATE Maryland b. ROUNTY Truce Cor.
files	b CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
of the state of	write RURAL and give necress lewn)
dire	d. NAME OF HOSPITAL OR INSTITUTION (I not In hospital, q ve street eddress)
200	1150 1159 ON A FARM?
2 8 4	3. NAME OF First Middle Less 4. DATE Month Day Year
deg deg	DECEASED
1 to	(Type or print) John Celexander Deren DEATH Rec / 3 19 GG
A Sala	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF GIRCH 9. AGE (In years If UNDER YEAR IF UNDER 24 HRS
P = (1)	June Calared WIDOWED I DIVORCED [ april 30/1872 Ses Syris Months Days Hours   Min.
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) A 12. CITIZEN OF WHAT COUNTRY?
Pag Pag	tatare lunguaged Destront of Should Te S.
Page 13.	13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME
2 5 5 X	Jane Clerando Deser / Ida Elizabeth Jackson.
id Series	75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yys, no, or unkown) (Ifyesgivewerordelesofservice)
wit with an arm	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ri pro	PART I, DEATH WAS CAUSED BY:
alor alor and	IMMEDIATE CAUSE (6) Clarke Languster heart facture
ld b lice fice rial,	DUE TO O
J. O. O. O.	Gondillons, fany, which (b) Cardinatellona Tende Chicago
ing ing se se	(a), stating the underlying DUE TO
min min o	cause lest, (c)
ertifi Fran Exan s use fion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
This condical is unid be cremated	₹ NO [A
E Sibility	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CAUSE OF DEATH OF Part I or Part II of Iram IB.)
TER of M S sh rial,	
日津流・9万	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cliy or town) (County) (Stata)
Pag of 1	Hour a.m. While Not While factory, street, office bidg., atc.]
Cafe ON Prio	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes C. Accident . Suicide . Homicide . Undetermined manner
DICA, arded RECT agent,	CHIEF MEDICAL EXAMINER
MEDI s the corwar	ACTUAL ASSISTANT MEDICAL EVALUATED TO DETE SIGNED
28 A D . Y	SIGNATURE DATE SIGNED  M. D. ASSISTANT MEDICAL EXAMINER TO
Pt. Pt. In a secure of be for the following	EXAMINER'S (
DEPU should FUNI	Addrass (Streat, city town, or county)  228, BURIAN, CREMATION, 22b. DATE THEREOF  22e. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, lown) or country)  (Stele)
PUDE:	REMOVAL (Specify) 12 -17-67 1 The
5 g 4 5 g	23. GUNEBAL DIRECTOR  ADDRESS  ADDRESS
VS. A15ME	1 + + 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5M 7/59	Clester morteclan frinced Home 1900 broton 478 John his classon
	Culiniu,
	OFC 16'60 Carling A. Frank



e funeral director, should be fitted with

offer death.

OR ATTENDING PHYSICIAN: The law requires that the Heath certificate Lie exacuted within 211 haurs after death. Page 4

TO HOSPITAL may be ret TO FUNERAL

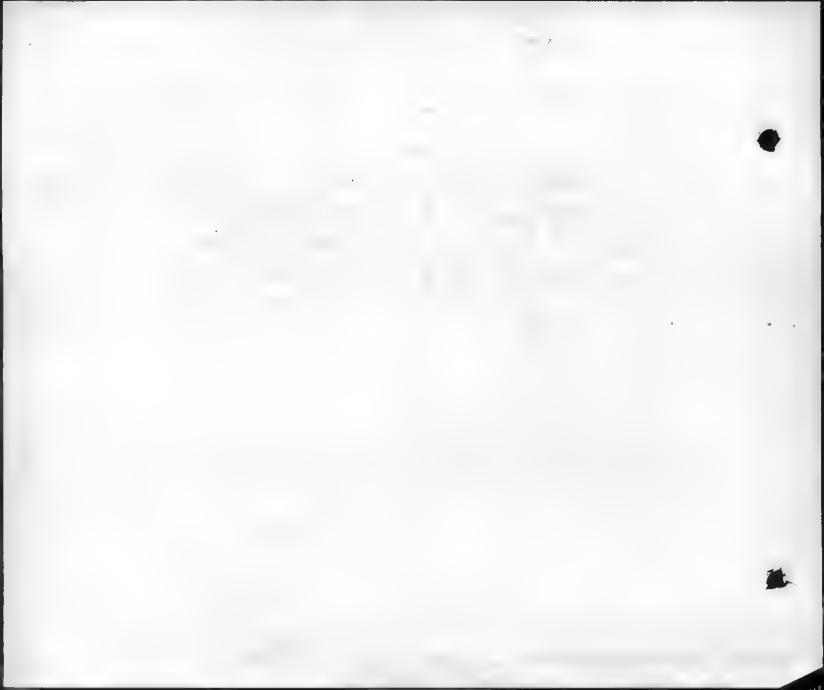
VS A15 (4) 1SM 9/SB

A by the haspital ar attending physician.

KECTOR: After this certificate has been signed by the attending physician and campletely filled in the attended far use as the burial-transit permit. Then please remove action data.

page 3 shauld be detached for use as the burial-transit permit. Then please rema the registrar priar to burial, cremation, ar removal, and in any event within 72 hay

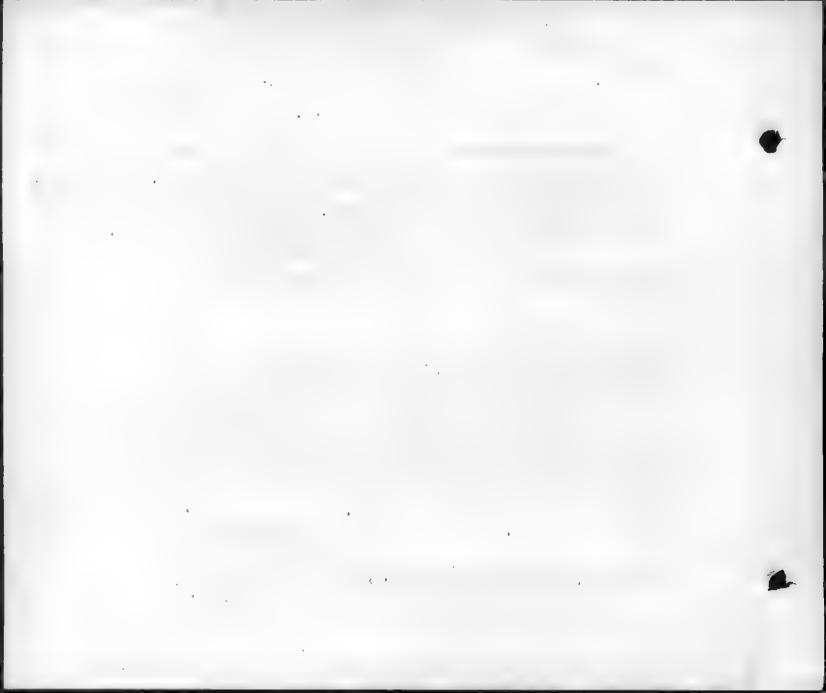
	14309 CER	RTIFICATE OF DEATH	Reg.	Dist. No. 1421
	THE MENTERS	MARYLAND O STATE		nce Gerroes
	b. CITY OR TOWN (If autyles corporate fimits, write ROBAL and give nearest fown)  A. NAME OF HOSPITAL (If not unbospijal, give street address)	900, ML ALIN	side carporate limits, write RURAL and	e IS RESIDENCE
1	Formation Nursing Hom	e 3710	36 5%	YES NO
	OPECEASED (Type or print) Ida Eller	n Edoff	DEATH JEC	20 1960
	6/1/4/6 6-11/6	ORCED 1 May. 5. 1817	last highlay) Month	
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES dyring most of working life, even if retired)	me Ballimon	ro Mid.	CITIZEN OF WHAT COUNTRY ム. J. A.
	William Randolph Wysby	14. MOTHER'S MAIDEN NAI	Huller	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or Instrumn] [If yes, give wor or dates of service] [If yes, give wor or dates of service] [If yes, give wor or dates of service]	NO INFORMANT FOX	ne Records	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a)	ive Neat Fa	luxe	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which ) (b)	, , , , , , , , , , , , , , , , , , , ,		year
	gave rise to immediate cause (a), stating the <u>under:</u>   DUE TO			
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINA	ald sease condition given in P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		RY OCCURRED (Enter nature of injury in Par	rt t ar Part II af item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark at wark at wark	factory, street, affice bldg., etc.)	20f (City ar tawn)	(Caunty) (State
	21. I certify that I attended the deceased fram 12-	-12 , 1960 , to /2 hat death occurred at 2:50 AM	2 - 21 , 1960, that I	
	ACTUAL Shear L. Welson		DDRESS (Street, city or town, state)	DATE SIGNE
	PHYSICIAN'S NAME (Type) STUDENT L. Nelson M.D.	7. 1	ary land	: W : - Millio - Alla Magill & Magill and Apill and Apill for
1			2d LOCATION (City, lown, as count	ur The
1	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS -	Mt. Rainie 240. REC'D!	BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE



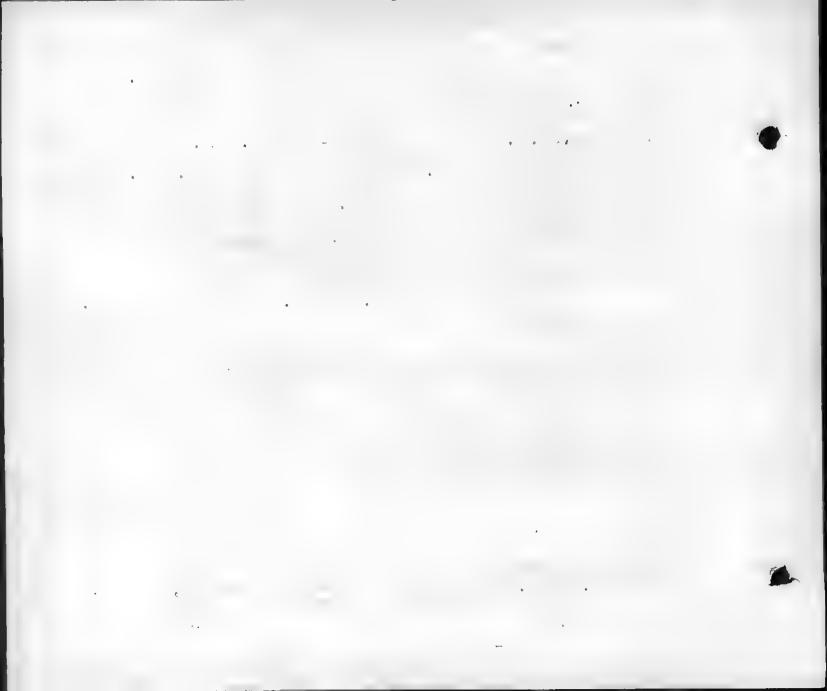


2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission Prince Georges c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO F Month Year Day 19 60 IF UNDER I YEAR IF UNDER 24 MRS. Months Days 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Same INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 19\_\_\_, that (I) (we) ast SIGNED LOCATION (City towns for county) (State) 256 REGISTRAR'S SIGNATURE

15M 9/59



		1310 4310	MAR ION OF S	TATISTICAL RESEARCH	AND RE	RTMENT O CORDS — BALT DF DEATH	IMORE 1,			7	1912
1. PLACE a. COL	OF DEATH	ce George	s	MARYLAN	2. US	ual residence (w state Maryl ar	/here decease	d lived. If inst b. COU	NTY	nce before	
ь city gur Br	OR TOWN (IF of AL and give near	putside corporate limi est town) Park	its, write	c. LENGTH OF STAY IN 1	b c.	radbury I	autside corpo	orate limits, wri	ite RURAL and	give neor	est town)
4635	ME OF HOSPITAL INSTITUTION Lacy	Ave., S.	E.	oddress)		STREET ADDRESS 35- Lacy	Ave.,	S.E.	1	e	ON A FARMPY
3. NAME DECEA (Type o	OF SED or print)	JAMES	rst	Middle F •		RALL	4. DATE OF DEATH		Month 9th.	Day	Year 1960
s sex Mal		COLOR OR RACE	7. MARRI WIDOWEI	EDXNEVER MARRIED		• 15th 18	382	9 AGE (In ye lost pirthdi 78	pors IF UNDE Dy) Months yrs	Days	Hours Min
Re	tired	g life, even if retired	1	kind of Business or in leapons Plant	S	t. Mary's	Co, l			USA	WHAT COUNTRY
	R'S NAME	errall			S	NOTHER'S MAIDEN USEN Hill					
15, WAS I  Yes, no, or		IN U. S ARMED FOR yea, give wor or dates of s			inform.	innie A.	Ferral	ll Sa	Address MO 8.8	# 2	•
Car gav caus lyin	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (c  DUE TO  , which ) mediate (	ac	e for (a) (b) and (c).] ute Bu	ner	e arti	nios.	iles	ais-	ZIL	ET AND DEATH
CERTIFICATION 300 000											
-	ONTRIBUTING L THER, NOTIFY M I'ME OF INJURY Hour a.m. p. m.	CAUSE OF DEATH ED CAL EXAMINER) Month, Doy, Ye	While	MacLurg-	PLACE OF	ANL LC 2 INJURY (Home, for reet, office bldg., e	m, 20f (Cit	y or town)		(County)	{State
22c F	the decease SIGNATURE PHYSICIAN S	d alive an 20	ill	ed the deceased from 1960, and the latter of	M D. P	accurred at	M, from	the causes	and an th	e date	225 DATE SIGNE
Bu	AL, CREMATION OVAL (Specify) ITIBL	Dec. 12-	-60	23c NAME OF CEMETER Codar Hill	Cemet	ery	Suit	ton (City, to	Marylar	ıd	(State)
24 FLNEI	ral director's	SIGNATURE 1	661 <u> </u>	Good Hope Rd	. S.E	250. REC	C 1 2 '6		registrar's s	- 3 - 4	E



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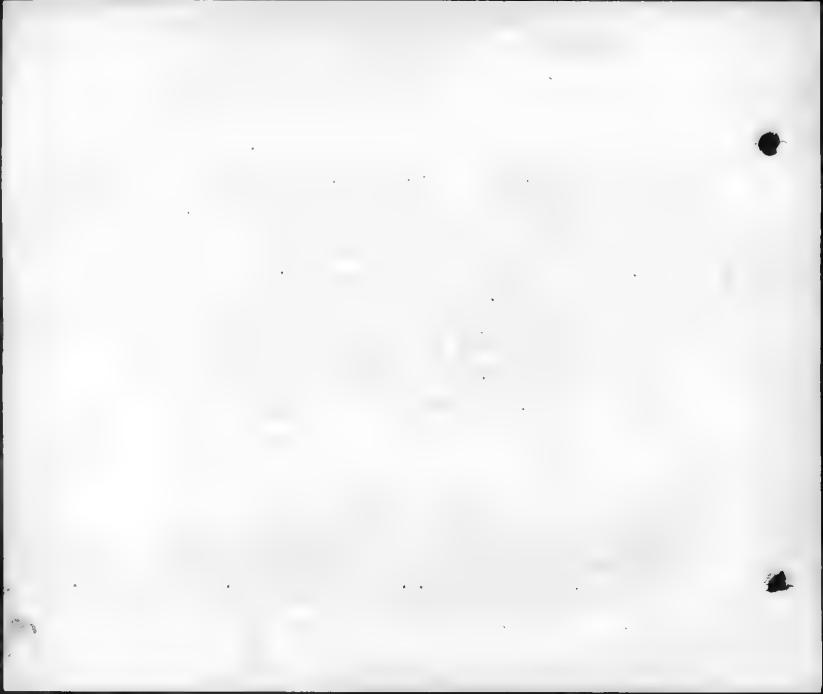
MADVIAND STATE DEPARTMENT OF HEALTH

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	MAKILAND STATE DEFARTMENT OF BEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS BALTIMORE 1, MARYLAI
7.970	CEPTIFICATE OF DEATH

				100	1/-/4-04-61	,				4
PLACE OF DEATH		-	MAR	YLAND 2	. USUAL RESIDENCE (Who. STATE		lived. (f institution b. COUNTY		ore admiss	sion)
-	rince_George		noy		Maryl			Prince		rges
B, CITY OR TOWN	N (If outside corporate I+m e nearest town)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If a	utside corpor	ote limits, write RI	JRAL and give as	earest fow	n)
Cheve			27 da	vs	Chillu	21				
d NAME OF HOS	PITAL (If not in hospital, s	give street	oddress)		d. STREET ADDRESS		_		e. IS RES	SIDENCE
OR INSTITUTIO	bnce Georges	Con	lewo.		1 1850 To		The inst			A FARM?
					1840 Lo					
3. NAME OF	Fi	rst	Middle	3	Last	4. DATE OF	Mon	th D	ay	Yeor
(Type or print)	Geor	rge	H.		Fillah	DEATH	Dec	ember 1	.8	19 60
5 SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARRI	ED 🔲 B	DATE OF BIRTH	1	AGE ( n years	IF UNDER 1 YEA		ER 24 HRS
Male	White	WIDOW	ED T DIVORCE	D 13	wekness		lost birthdoy)	Months Doys	Hours	Min
	ATION (Give kind of work			OR INDUSTR		or foreign co	Ld End	12. CITIZEN C	DE WHAT	COLINTRY?
during most of w	varking life, even if retired	1)	, XII 10 01 000, 1100 1		< · · · ·	4	,,			
The	ec.				SYKII	4		U.	5 . A .	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
mile	um				luk. S	ERTU	TE			
	EVER IN U. S. ARMED FOI		SOCIAL SECURITY NO	). 17 INFO	RMANT		Addr	ess		
(Yes, no. or unknown)	(If yes, give war or dates of	service)	578 24 75	84 M	ICHPEL FI	LLAH	(SON)	20-		
18. CAUSE OF I	DEATH [Enter only one co	ouse per li	ine for (a), (b), and_(c)	1 /				IN.	TERVAL BE	PHISWT
PART I. I	PART I. DEATH WAS CAUSED BY.									
1 2	IMMEDIATE CAUSE (o)									
1	DUE TO									
Conditions, it		0) (12	Herri	<u>0002</u>	RACA	20/2	eryen	in		
gove rise to		0	1 -		1	/A/	ž.			
lying couse lo		1/1/	dia	12	soll 1	11/2	e a-2	-		
Z PART II C	OTHER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS	AUTOPSY
CATION PART II (				_	/					ORMED?
		Last Br					II. 6 % 3D 3		163	] 140 🗆
20g ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CKIRE HOW INJURY C	OCCURRED.	Enter nature of injury in I	ron for ron	II or item 10.}			
20c. TIME OF IN.	JURY Month, Doy, Ye	ear 20d	INJURY OCCURRED	20e, PLAC	E OF INJURY (Home, farm	, 20f (City	or town)	(County	/)	(Stote)
Hour o. i	m.	While	Not while	facto	y, street, office bldg., etc	)		(,		, , ,
Σ p. ε	m. 19	of wo	rk at work	<u> </u>			( (19			
21 I certify	that (I) (this haspita	l) atten	ded the deceased	fram	22 19	60 .1a.1	17 - 18	, 19.60, 1	hat (I)	(we) last
	eased alive on /2	-18			th accurred at 3:1	Pfrom	the causes an	d on the dat	e stated	d abave.
220. SIGNATURE				2 11101 001			110 000000	a 017 1170 ao		2b DATE
	041	_	0000		ATTENDING MI	ED.	STAFF		11-	GNED
22c. PHYSICIAN	arde har	29.	eage	, M.		RECTOR L	PHYS		12-1	7-6
NAME (Type		ge Ha	geage, M.D	•	3717 38t	h Ave.	, Cottag	e City,	Md.	
230 BURUAL, CREMA	TON, 236 DATE THERE	OF.	23c NAME OF CEN	AETERY OR S	REMATORY	23d LOCAT	ION (City, town,	or county)	(Sta	itel
REMOVAL (Spec	ofy) )	.01	FourL	1 0	1/2 2-22	.2 M	DEN SIDO	- /1.	(5.0	,
2. SUNERAL DIRECT		1960		NCOA					LIDÉ	
24 FUNERAL DIRECT	OK 5 SIGNATURE	0.	ADDRESS /	/	25a. REC'	D BY REGISTI	760 256 REGIS	STRAR'S SIGNATI	CRE CLANA	
Kindle TA	LINERY MYR	8.6. F	186 142 63	1262	AC DATE	US 2 3		w/1 d. /	C-Decision.	



14292 CERTIFICATE OF DEATH Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ived If institution, Residence before admission) o. COUNTY filed COUNTY funeral b. CITY OR TOWN (If outs de carporate limits, write c. LENGTH OF STAY IN 16 c. CIP-OR TOWN (If autside corporate limits, write RURAL and give nearest town) be RURAL and give nearest lawn) 70 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF 4. DATE Middle Month Day Year Filled DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS SEX NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years MARRIED | last birthilay) Manths Days Hours DIVORCED [ ă 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT Address affending 18. CAUSE OF DEATH [Enter only one cause perclane for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 古 PART I. DEATH WAS CAUSED BY: á Conditions, if ony, which gned gave rise to immediate **DUE TO** cause (a), stating the undercertificate has been sign of a contract of the lying cause last. physician. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS AUTOPSY PERFORMED? YES NO! 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 5 20c. TIME OF INJURY Doy, 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar lown) Year 20d. INJURY OCCURRED (County) (State) VED factory, street, affice bldg., etc.) Hour a m. While Not while at wark at work p. m. 19 What I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at M, from the causes and an the date stated above. OK: ADDRESS (Sirely, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S may be ref NAME (Type) 220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Crty, town, or county) (State) page REMOVA, (Specify) Buria Green Baltimore. Mount 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE DATE DEC 1 9 '60 VS A15 (4) 15M 9/5B



VR A1S (4) 15M 9/59

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MARY	LAND	<b>STATE</b>	<b>DEPARTMENT</b>	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11011

14311	CERTIFICA	TE OF DEATH		į.	1921		
1. PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived. If institu		are admission)		
o. COUNTY Prince Georges	MARYLAND	a. STATE	b. COUN	ſΥ	,		
b. CITY OR TOWN (If autside carporate limits	s, write c LENGTH OF STAY IN 16		utside corporate limits, write	RURAL and give n	earest town)		
Glenn Dale (RURAL		Was	hington	1-	178-		
d NAME OF HOSPITAL (If not in hospital, gir OR INSTITUTION	ve street address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?		
Glenn Dale Hospita	1	hlh	0 - 7'th St.	N.W.	YES NO B		
3. NAME OF First DECEASED	† Middle	Last	4. DATE M	lonth D	Doy Year		
	izabeth	Gaines		.2 2	1960		
S SEX 6. COLOR OR RACE	7- MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday	1	R IF UNDER 24 HRS		
Female Negro	WIDOWED 🔀 ? DIVORCED 🔲	6/16/91	69 7		Haurs Min,		
10a USUAL OCCUPATION (Give kind of work di during most of working life, even if retired)	ane 10b KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN C	OF WHAT COUNTRY		
None		Alexand	dria, Va.	U.S.	A		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
Fielding Gaines		Ann Pa	arker				
15. WAS DECEASED EVER IN U. S. ARMED FORC		NFORMANT	A	ddress			
No	lost	Decede	ent				
IB. CAUSE OF DEATH [Enter only one cou	use per line far (a), (b), and (c).]				TERVAL BETWEEN		
PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Carcinoma of gall	bladder with	metastases		UNKNOWN		
DUE TO	3						
Canditions, if any, which )							
gave rise to immediate	gave rise to immediate						
lying cause last.							
PART II OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION (	VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?		
[S]					YES NO X		
200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item 18.)				
3 20c. TIME OF INJURY Month, Day, Year	r 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	, 20f (City or town)	(County	y) (State		
Haur a.m	While Not while for	ctary, street, office bldg., etc	.)				
		11/23/60. 10	to 12/22	60			
21 I certify that (I) (this haspital)					that (I) (we) las		
sow the deceased olive an 12/1	44 19 00 , and that a	death occurred of / P	M, from the couses	and on the do	te stated above		
220. SIGNATURE WAS	Wess	M.D. PHYS DI	ED. STAFF PHYS.		12/22/60		
NAME (Type) Moe Weiss		Glenn Da	ale Hospital,	Glenn Da	ile, Md.		
230 BURIAL CREMATION, 236. DATE THEREO PEMOVA. (Specify)	60 Church	OR CREMATOR (Bothe)	23d LOCATION IC by, low	n, or county)	(State)		
24 FUNERAL DIRECTOR'S SIGNATURE	CA ADDRESS	7+24 250 REC	FE 7 8 150	GISTRAR'S SIGNAT			
Constitution of the	or well a succession	DATE		withur 9 for	,		

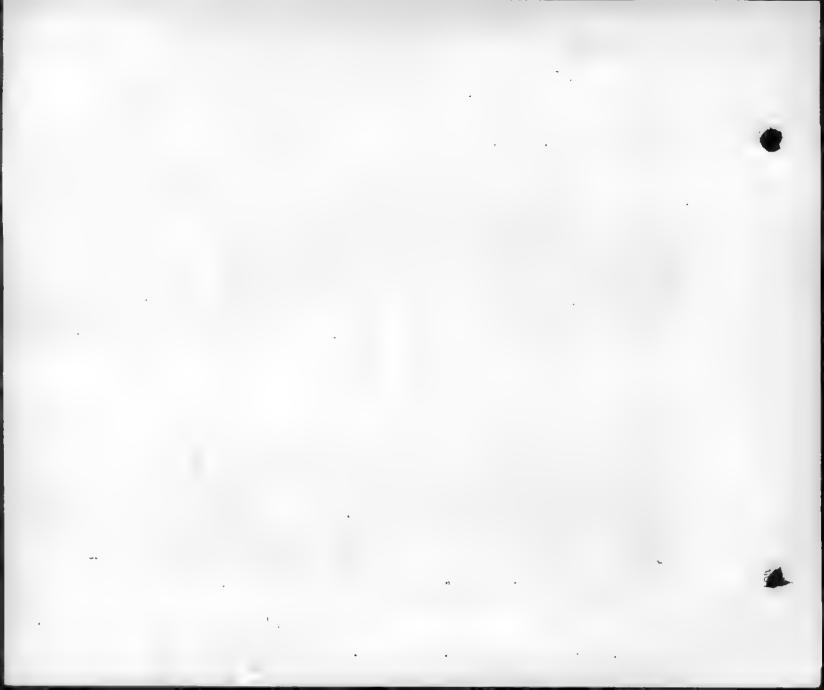


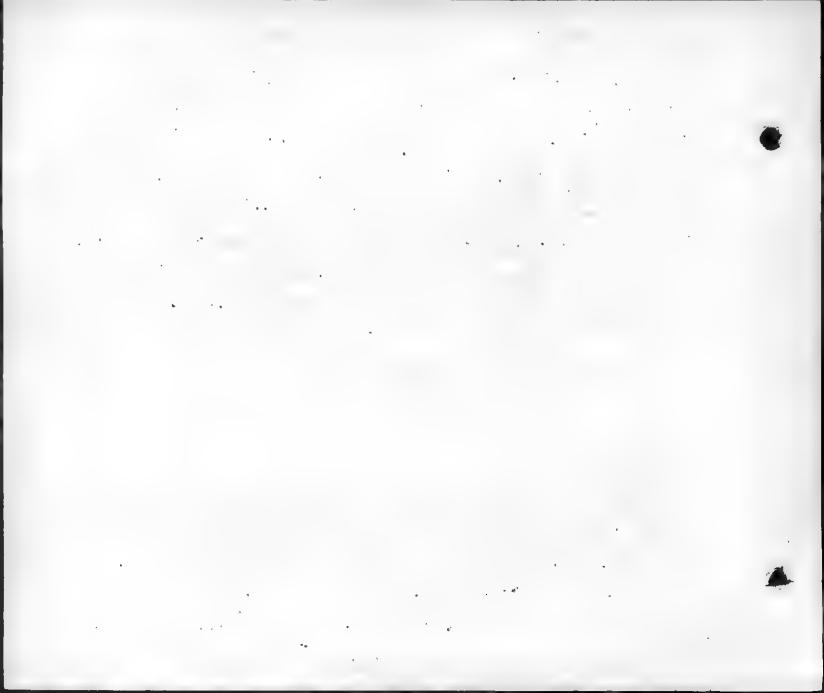
ter	DIVISION OF	RYLAND STATE D STATISTICAL RESEARCH A	EPARTMENT OF						
	14319	CERTIFICA	TE OF DEATH		14222				
	PLACE OF DEATH G. COUNTY		2 USUAL RESIDENCE (Who	ere deceased lived. If institution b, COUNTY	Residence befare admission)				
	PRINCE GEORGES	MARYLAND	CALIFORNI	A					
_	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		utside corporate limits, write RUR	AL and give nearest town)				
	ANDREWS AIR FORCE BASE d. NAME OF HOSPITAL (If not in hospital, give street	nddress)	SAN LUIS  d. STREET ADDRESS	OBISPO	e, IS RESIDENCE				
C	OR INSTITUTION	WASH 25, DC	1105 LEFF	STREET 4 )	YES NO				
	3. NAME OF First DECEASED	Middle	last	4. DATE Month	Day Year				
	(Type or print) JAMES	WALTER	GARVIN	DEATH DECEMBER					
	S SEX 6 COLOR OR RACE 7. MAR		B. DATE OF BIRTH	last birthday)	FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min				
	MALE CAUCASIAN WIDOW  10a USUAL OCCUPATION (Give kind at wark dane) 10b.		10 JULY 1936	24 yrs	12 CITIZEN OF WHAT COUNTRY?				
	during most of working life, even if retired)	JS ARMY	CALIFORNI		UNITED STATES				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
	JAMES G GARVIN		UNKNOWN						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no. or unknown] [If yes, giya war or dates of service]		IFORMANT	Addres					
Л	YES APR 60-Present	566-56-3209 M	EDICAL RECORD	S & PERSONNEL R	EUORDS				
	18. CAUSE OF DEATH (Enter only one couse per I PART I, DEATH WAS CAUSED BY:		1 1 0		INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (o)	Intercarue	I hanowh	ge	30 min				
	DUE TO CLO O								
	Conditions, if ony, which (b)	Just the	cherce						
	cause (a), stating the under-								
1	Z RAW II. CTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	NIN PART 1(0) 19 WAS AUTOPSY				
1	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  Performed?  Performed?  Performed?  Performed?  Performed?  Performed?  Performed?  Performed?								
		SCRIBE HOW INJURY OCCURRE	<u> </u>						
	(IF EITHER, NOTIFY MEDICAL EXAM.NER) Pat:	lent apparently	jumped out o	f 4th floor win	dow ICI'm				
	5 20c TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20s. PL	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f (City or tawn)	(Caunty) (State)				
	24119 XXXX DEC 23 160 of wo		PITAL	USAF HOSP AND	REWS WASH 25 DC				
	21 I certify that (1) (this haspital) atten	ded the deceased fram	23 Dec 19		_ 19_60, that (1) (we) last				
5	saw the deceased alive an 23 DEC	19 <u>00</u> , and that c	death accurred at4:2	WA fram the causes and	an the date stated above.				
	Levald Pierres		M D PHYS DI	ED STAFF THYS	23 DEC 60 SIGNED				
	PHYSICIAN'S NAME (Type) GERALD RESNER,	Capt USAF (MC)	USAF HOSP,	ANDREWS AFB, V	IASH 25, DC				
	23a BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town, or	11				
	Burial 12/30/60	P		Hen, San Fra					
	24 FUNERAL DIRECTOR'S SIGNATURE PRICE AND				RAR'S SIGNATURE				
	Michael J. Rinaldi 8/1	6 H St., NE Wa	DIL C, DYDATE	C.7	Lun e to				

Iter 2 b Film 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician and campletely filled the funeral director, page 3 shalld be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 a hauld be filed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59





## 14218 **CERTIFICATE OF DEATH** Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE Maryland filed a. COUNTY b. COUNTY Pro George's MARYLAND deoth. 21TY OR TOWN (If puttide corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and alive hearest toy Hyattsville Md. d. NAME OF HOSPITAL Jif not in haspital, give street address) d STREET ADDRESS 4014 Hamilton st Hanul NAME OF 4. DATE DECEASED DEATH (Type or print) 8. DATE OF BIRTH AGE (in years last birthday) 6. COLOR, OR RACE NEVER MARRIED MARRIED [ DIVORCED WIDOWED [7] USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR BIBTHPLACE (State or foreign country) death during most of working life, even if retired) urse puo carbon ofter 13. FATHER'S NAME physici hours ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT soush asker CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (b) DUE TO Canditions, if ony, which gove rise to immediate **DUE TO** casse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ME TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. factory, street, office bldg., etc.) a. m Not while ot work at work 21. I certify that I attended the deceased from M, from the causes and an the date stated above. ECTOR ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE HOSPITA FUNER. er) 270. SURIAL, CREMATION, 226. DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Burial Church Cemetery IU 12/21/60 Chestertown 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 F. Gasch's Sons Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Red. Dist. No.

IF UNDER 1 YEAR

Days

(County)

Md.

that I last saw the deceased

Manths

e IS RESIDENCE

YES NO

ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES 🗍

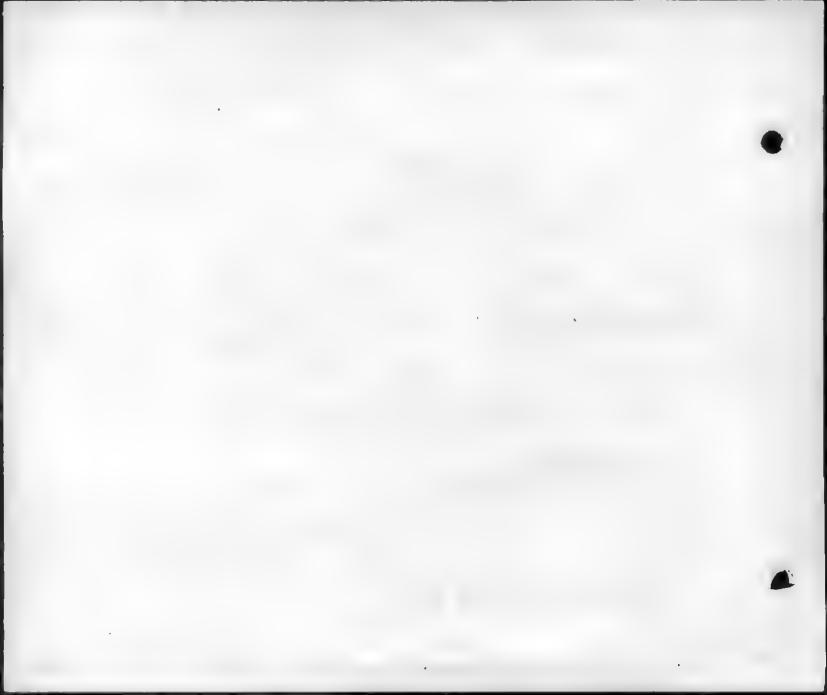
NO X

(Stote)

DATE SIGNED

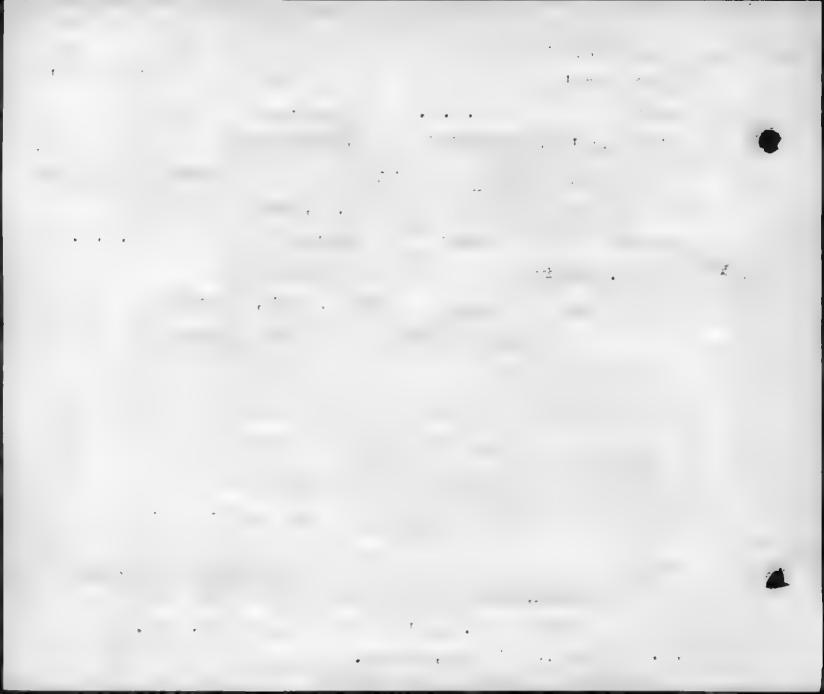
(Stote)

12. CITIZEN OF WHAT COUNTRY?

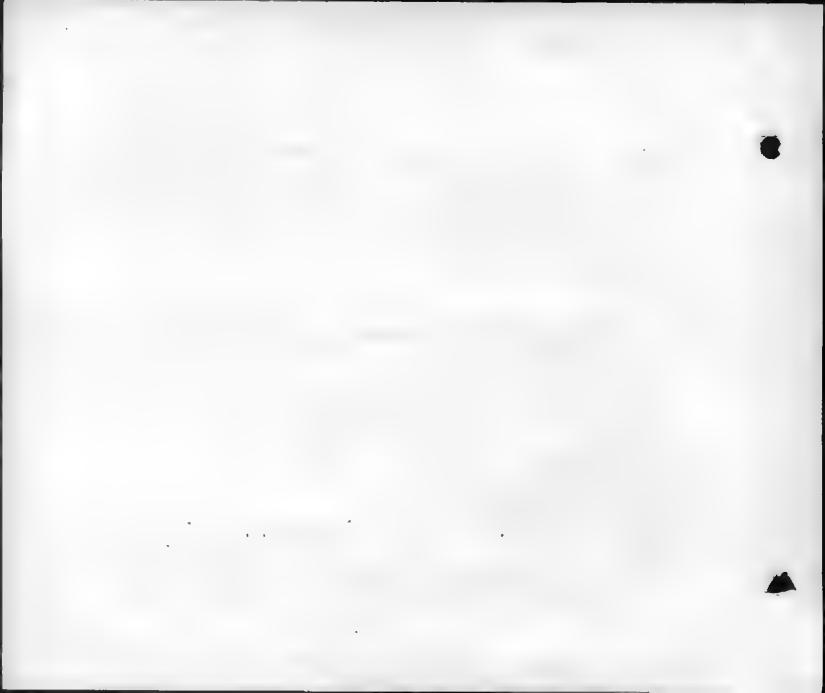


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaased lived, If institution Residence before edmiss on) necessary, ector, Page COUNTY b. COUNTRINCE George's director. Pay Health, a. STATMarvland Prince George's MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 0 Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 7323 Forest Road Prince George's General Hospital YES NO K State death, or death. If any and 3 to the fur NAMEOF 4. DATE Month Yaar DECEASED DEATH December (Type or print) Julia Ann Giblin 2 with the 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 19. AGE (In years : IF UNDER ) YEAR IF UNDER 24 HRS last birthday) | Months Hours Feb. 18, 1936 Female WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (G va kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Nebraska Housewife form P.M.3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Helen Townsend Frank J. Chmeleir 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgive werordates of service) Thomas E. Giblin. in peacil in Item 1 18. CAUSE OF DEATH [Enter only one cause par line for (s), (b), end (c) INTERVAL BETWEEN along ONSET AND DEATH H WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Tracheobronchitis and Bilateral Pneumonitis Office DUE TO Conditions, if any, which (b) gave rise to immadista causa "pending" Medical Examiner's should be used as a **DUE TO** (a), stating the underlying couse last. cremation, PART II OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0. 19. WAS AUTOPSY CERTIFICATION a the certificate, writing the word NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 20f, (City or fown) (County) (State) fectory, streat, offica bldg., etc.) Not While al work at work 21 I certify that I took charge of the remains described above, held an Autopsyste. Inspection 🕵 Inquiry X Natural causes death resulted from. Accident Suicide | |. Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINATE DATE EXAMINER'S DEPU NAME (Type) James I. Address (Street, city, lown, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) St. Joseph's Cemetery Iowa City, 240 p Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME W. W. CHAMBERS CO.. DATE DEC 1 9 '60 Riverdale, Maryland, a Chung S. Through 5M 7/59

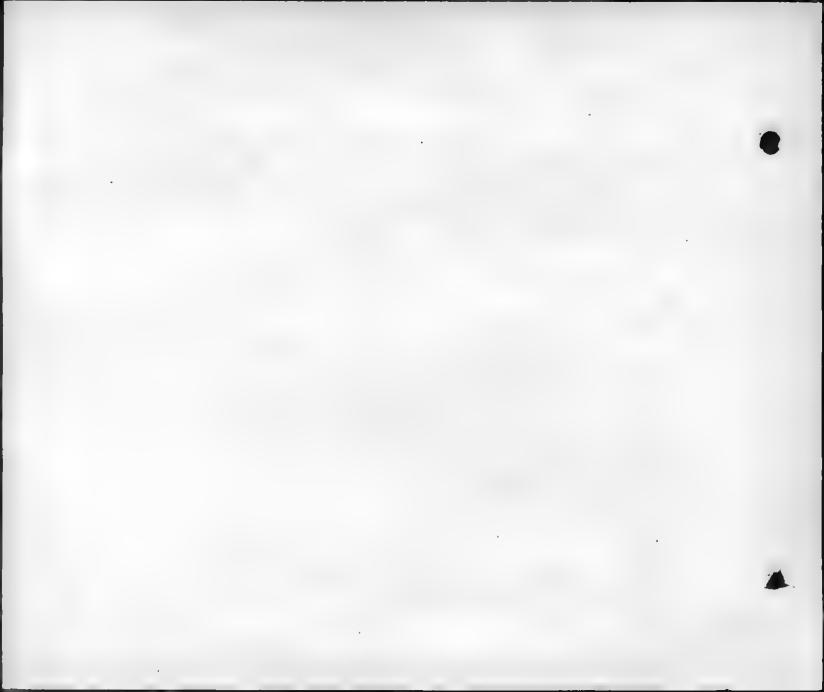
MARYLAND STATE DEPARTMENT OF HEALTH



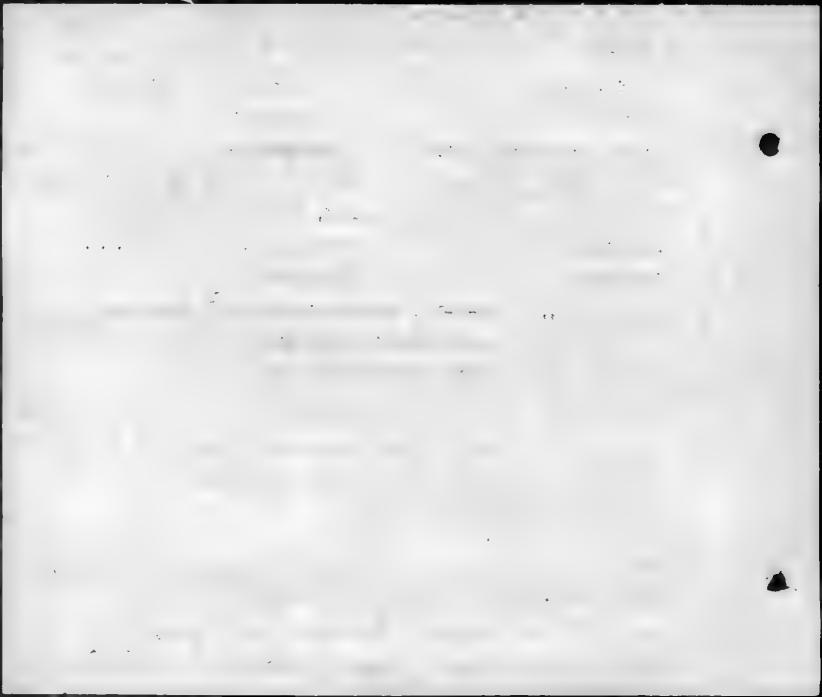
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 14243 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Prince George's Prince George's Maryland b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cheverly 26 days Bowie d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO 🗐 Railroad Avenue % Post Office Prince George's General NAME OF Middle 4. DATE Day Year DECEASED DEATH (Type or print) Joseph Edward Grav December 19 60 IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years last birthday) S. SEX Months Days Hours Colored WIDOWED W DIVORCED [ Male 10a. JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Washington Terminal Co. U.S.A. Bowie Md. Mail Porter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hezikiah Grav Martha Shorter IS WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 11th St. NW. Daniel Grav 2827 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] aftend ONSET AND DEATH Cerebral Hematoma PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underte has been sig burial-transit p lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO [ 20d. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) cate 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month, (State) 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc. Hour a.m. Nat while at work at work 21 1 certify that (1) (this haspital) attended the deceased from Nov. 30 . . . 19.60 to 1-Dec - 26-, 1960, that (1) (we) lost Dec . 25 19 60 and that death occurred 200 partition the causes and on the date stated above saw the deceased alive on 22b. DATE 22o. SIGNATURE SIGNED PHYS DIRECTOR . PHYS 22c PHYS CIAN S 22d ADDRESS NAME (Type) 23b. DATE THEREOF 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, lawn, or county) REMOVAL (Spec fy) 0 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE C. mer S. Tirme



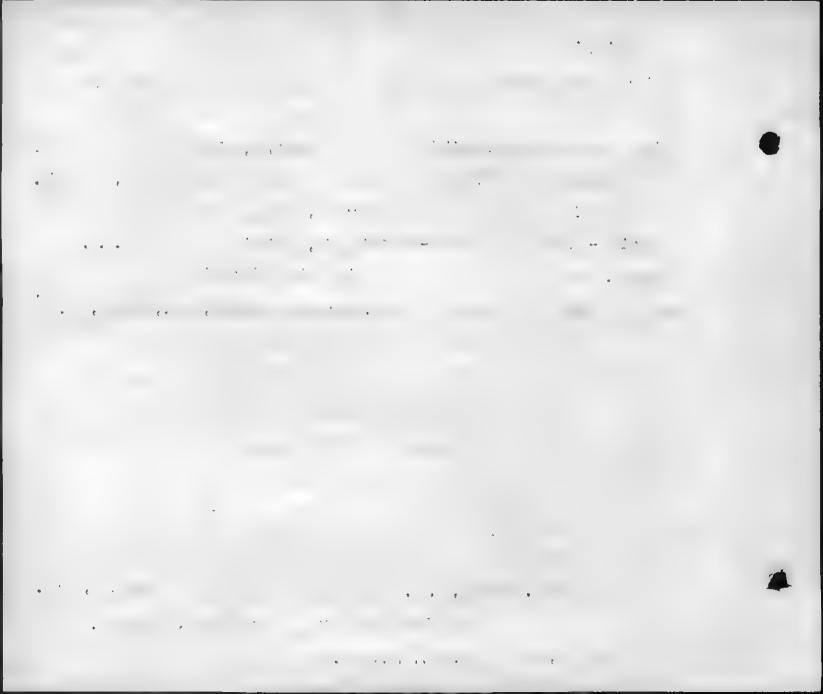
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14313 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission. p. COUNTY o STATE **b** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest towns on ham d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO M 3. NAME OF Middle 4. DATE Lost Month Year Day DECEASED (Type or print) DEATH 19 6/ SEX COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B DATE OF Months Doys Hours DIVORCED T WIDOWED FILE yes 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 12 CITIZEN OF WHAT COUNTRYS FATHER'S NAME Ď offer 14 MOTHER'S MAIDEN NAME 00 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last, priof-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES TO NO A 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that I attended the deceased from ... 19 6 Chat I last saw the deceased burial death accurred at 2100 A.M. from the causes and an the date stated above. och and that ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burial he 60 Ascension Ch. Cath. Bowie Maryland 9 23 FUNERAL DIRECTOR'S **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR VS A15 (4) DATE DEC 1 9 160 15M 10/57 was in a 2. The sea



MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S QF 2. USUAL RESIDENCE (Where deceased lived, H institution, Residence before admission) H-DEPT. 1. PLACE OF DEATH a. COUNTY Page Health, a. STATE Prince George fries. Prince George Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate him ts, write RURAL and give nearest town) rector. Your write RURAL and give nearest town! Cheverly Chapel Oaks STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (if not in hospitel, a ve street address) a. IS RESIDENCE ON A FARM? State Prince George General Hospital Place YES NO X death I to th≡ fur NAME OF Middle DATE Month Year DECEASED OF (Type or print) Mery (HEREALE) DEATH Dec 1960 9 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yeers | IF UNDER 1 YEAR : IF UNDER 24 HRS. 2 with Page 5 may is 1 and 2 wit in 72 hours a last birthday) Months Days Temale. WIDOWED IX DIVORCED June 6. 10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during must of working life, even if retired) U.S.A. Housewife North Carolina Within pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hanna Blunt Primus Bowen File **EVALL** WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give wer or detes of service) permit. ×i. William Swindell(Son) Same as macii in in 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along w burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Congestive Heart Failure IMMEDIATE CAUSE (e) DUE TO removal, Cardio Vascular Renal Dicease Conditions, if any, which geva rise to immediate cause "pending" 40 Examiner's DUE TO (a), stating the underlying SE 6 pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? Le the certificate, writing the ward forwarded to the Chief Medical E AL DIRECTOR: Page 3 should be NO WRT. FI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | buris! CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f, (City or town) (Stata) (County) factory, street, office bldg., atc.) 2 While Not White at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry A and in my opinion agent, Natural causes X Undetermined manner death resulted from. Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Be for SIGNATURE DEPUTY MEDICAL EXAMINER X DEPUT. James I. should | Boyd NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/ LOCATION (City, lown), or country) (State) REMOVAL (Spanify) ₫40 p FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE DEC 1 4 '60



## YLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edmission) Page b. COUNTY director, Page Prince Georges County Anne Arundle MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearast town) write RURAL and give nearest lown) Cheverly NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO 3. NAME OF 4. DATE Yes DECEASED (Type or print) SHOREWAYS KATRINA GROVE DEATH 19 60. December 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Female WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife - Clerk At Home -US Govt Paris, Illinois U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelmima Oelschleiger Thomas M. Black IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT [Yes, no, or unkown] [ (If yes give wer or detes of service) Office along with Mrs. Virginia Rd. Wheaton, Md. None 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c) ] ONCE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause 40 (a), stelling the undarlying **Examiner** PERFORMED? NO R should 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the L DIRECTOR: Pe et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry K and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S December 4, 1960. WATKINS, M. D. DATTON O. DEPU NAME (Type) Base ex Address (Streat, city, town, or county) 22a, BURIAL, CREMINTION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) PENONAL ISpenty Fort Lincoln Cemetery Bladensburg. 12-6-60 040 ADDRESS 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ATSME DEC 6 Colling S. Kraus LEE FUNERAL HOME, 4th & Mass. Ave., N.E., Wash, DO DATE 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



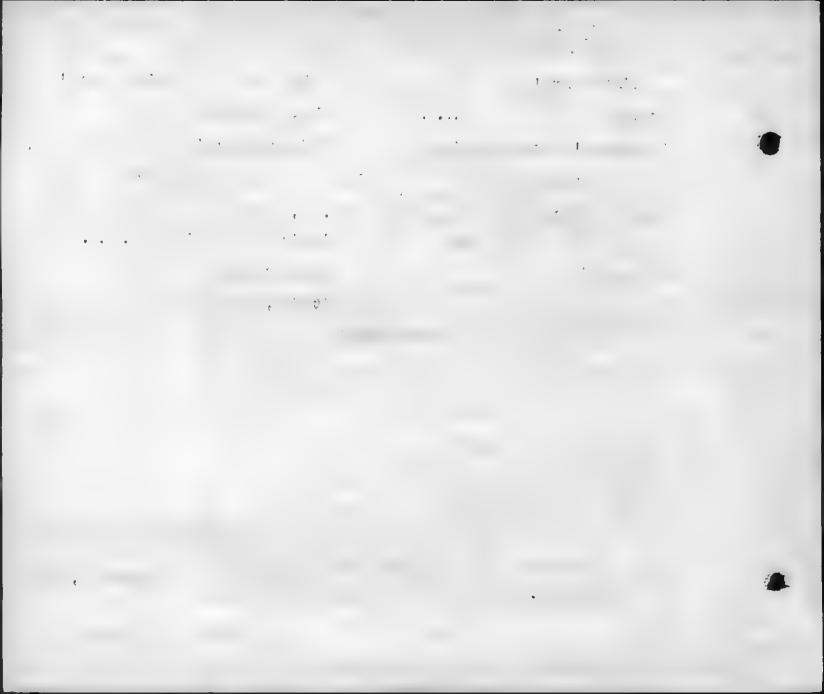
14314 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before polymerical after death. Page PLACE OF DEATH PRINCE GEORGES , a STATE Fled b. COUNTY **MARYLAND** b. CITY OR TOWN (If outside carporate limits, write Ö c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Months ANDREWS AIR FORCE 15 Davs d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE STREET ADDRESS OR INSTITUTION ON A FARM? 5902 R Street 9 hours YES NO K HISAF HOSD. ANDREWS AFB. WASH 25. NAME OF First Middle 4. DATE Last Month Day Year DECEASED OF STEVEN BRUCE HARWOOD (Type or print) DEATH DECEMBER 19 60 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE MARRIE NEVER MARRIED [X] B. DATE OF BIRTH last birthday) Montas Days Hours DIVORCED | WIDOWED [ June yes ā 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or forgign country) 12 CITIZEN OF WHAT COUNTRY? 500 during most of working life, even if retired) and 13. FATHER'S NAME 5 ò WENS physicio 4015 Vear remave WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HYXLA puo DUE TO ģ permit. remayal, Canditions, if any, which VEUMONIA been signed fronsit permit gave rise to immediate DUE TO cause (a), stating the underlying couse lost. physicion. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPSY emofion, PERFORMED? has YES NO burial ottending 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) certificate LIF EITHER, NOTIFY MEDICAL EXAMINER ő 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) o. m. While Not while at work at work p. m UNE. 1960 to 7 Deat attended the deceased from 22 \_\_\_ 19\_ 6 9 that (1) (aua) last 21 | certify that (1) (this-hospital) 69 and that death accurred at 2.25%, from the causes and an the date stated above saw the deceased aliveran RECTOR 22a SIGNATURE 226 DATE ATTENDING PHYS. SIGNED, DIRECTOR PHYS 22c PHYS-CIAN S 22d ADDRESS NAME (Type) JOHN A MOORE MAJ USAF USAF ANDREWS AFB WASH FUNERA m BURIAL, CREMATION 236 DATE THEREOS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) poge the Sk REMOVAL (Specify) DUR; AL ATIONAL 01 24 EUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VIII A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institut any Residence before edm ssion) Page e. COUNTY b. co Prince George's Gles. Prince George's MARYLAND b. CITY OR TOWN of outside corporate limits. c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate I m ts, write RURAL and give nearest lown) write RURAL and give negrest town) Seat Pleasant Cheverly d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) STREET ADDRESS e. IS RESIDENCE ON A FARM? 6211 Foote Street Prince George's General Hospital YES NO X NAME OF 4. DATE DECEASED OF (Type or print) Hill. 19 60 DEATH December Loretta 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years ITE UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) WIDOWED [ DIVORCED Female 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. C TIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) District of Columbia None None pages | within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8, Give Roosevelt Hill Kissca Scuelock along with form transit permit, File VS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address Yes, no, or unkown) (Ifyes give were rdetes of service) Roosevely Hill, Same as # 2 None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Bronchopneumonia IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) geve rise to immediate cause DUE TO (a), sleting the underlying cause last. pasa PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTORSY PERFORMED? 8 CERTIFICA YES NO should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY II or CONTRIBUTING II CAUSE OF DEATH. Chief 20c. TIME OF INJURY 20d. IN.URY OCCURRED . 20s. PLACE OF INJURY (Home, ferm, ; 20f. [City or town) Month, Day, Year (County) (Stete) While Not While fectory, street, office bldg., etc.) Hour e.m. el work at work 21. I certify that I look charge of the remains described above, held an Autopsy Inquiry X and n my opinion forwarded to DIRECTO death resulted\_from: Natural causes Accident | Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE December 25, 1960 DEPUTY MEDICAL EXAMINER EXAMINERS NAME (Type) James I. Boyd DEPU Address (Street, city, town, or county) 220 BURIAL CREMATION DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, lown, or country) REMOVAL (Specify) 0 75 Vara 240. REC'D BY REGISTRAR FUNERAL DIRECTOR VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

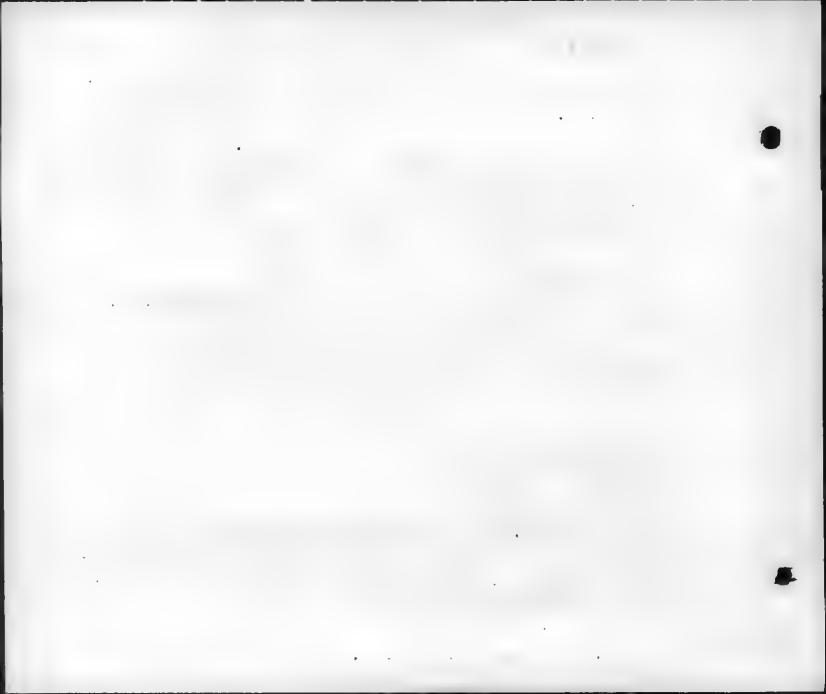


VR A15 (4) 15M 9/59

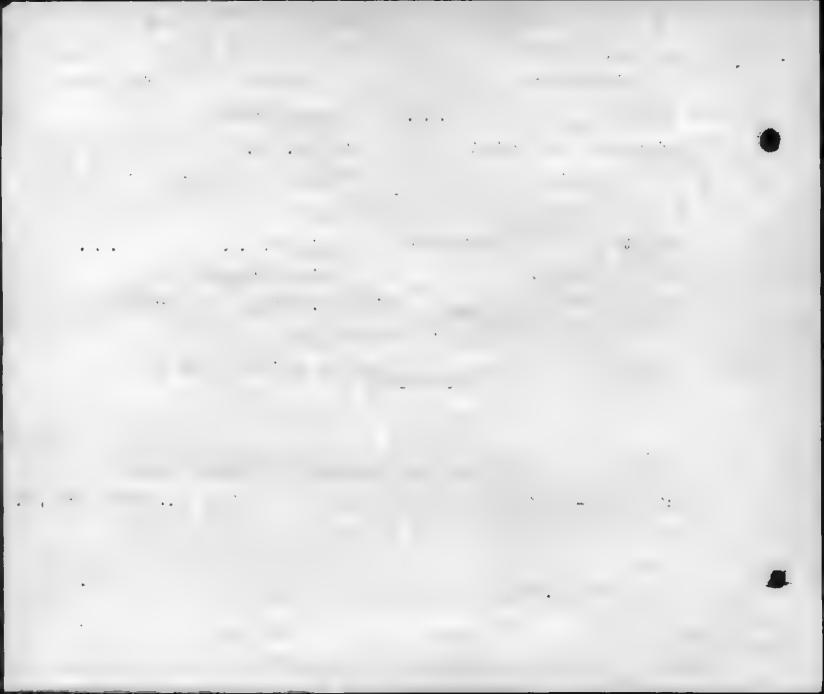
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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PLACE OF DEATH	0		MARYL		usual RESIDENCE a. STATE waryla no	•	ь. соимту			
b. CITY OR TOWN (I	Georges f autside carporate limi	its, write	c. LENGTH OF STAY II	N 1b			arate limits, write R	1NCO GO		
RURAL and give no	arest lawn)		1				6,5	h		,
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Prince	Georges Ger	neral	2001 002		2022 Haye				YES	LA FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mon	ith	Day	Year
(Type or print)	Sign	18	Marie		Hirnisey	OF DEATH	1 De	cember	17	1960
5. SEX	6 COLOR OR RACE	7 MARR	IEDE NEVER MARRIE	B. I	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
Female	White	WIDOWE			5-17-02		lost birthday) 58 yrs.	Months Da	ys Haui	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.		_ /		itate ar foreign		12 CHIZEN	OF WHA	TCOUNTRY?
during most of warl	ting life, even if rettred	1) ]	vn Home		_	mark	,		SA	
Housewill 13. FATHER'S NAME	`e	0	vn nome		4 MOTHER'S MAID				J 14	
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15 WAS DECEASED EVE [Yes, no, or unknown]	R IN U.S. ARMED FOR (If yes, give war ar dates of s	service)		17, INFO			Add			
	no	219	32 4082	ELW	rood A Hi	rnisey	Avondal	e, Md.		
18. CAUSE OF DEA	TH [Enter only one co	ause per lin	ne for (a), (b), and (c)-]		1				NTERVAL	BETWEEN ND DEATH
PART I. DEA	TH WAS CAUSED BY.	a)	CARCINI	MA	10515			,	NASEL WI	NV DEATH
1 22 -	DUE TO	,				_ \	1 41			
Conditions, if o	ny which )		Primary	Ca	veivowa	· 0 + 1	UP Col	04.		
gove rise to i	mmediate .	-								
cause (a), stating lying cause last,			'							
_	) (c		CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(	PER	AS AUTOPSY FORMED?
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE50	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injur	y in Port I ar Po	ort II of item 18 )			
20c TIME OF INJUR	Y Month, Day, Ye	er 20d II	NJURY OCCURRED		OF INJURY (Home,		ty or town)	(Cou	nty)	(Stote)
Hour o.m.	19	While at work	Not while	toctor	y, street, office bldg.	, efc.)				
	(I) (this haspita		ed the deceased f							
	ed alive an _De	C-17	19_60 and	that dea	th accurred at 3	1:50PMan	the causes ar	id on the d	ate state	
22a SIGNATURE	much to	750	· Chuy	M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF HYS	6	LC	JUGNED
72c PHYSICIAN'S	1 GR.	A .:	KEIN	MID	22d ADDRESS	MT	RAIN	IER	MI	) —
23a, BUR AL, CREMATIC	N 236 DATE THERE	OF	23c NAME OF CEME	TERY OR C	REMATORY	23d. LOC	ATION (City, town,	or county)	[S	itate)
Burial (Specify)	Dec 21.	1960	Columbia			p	ennsylva	nia		
24 FUNERAL DIRECTOR			ADDRESS		25a	REC'D BY REGIS		STRAR'S SIGN	ATURE	
	F. Gasch	Sons	Hyattsvill	e. Mo		DEC 2 3	'60 C	Last S.	Tradus.	
			-2	-03 11	A DATE					



MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEARCH CERTIFICATE OF USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY Prince Georges Prince Georges MARYLAND b CITY OR TOWN (if pulside corporele I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimility, write RURAL and give nearest town) write RURAL and give neerest town) D.O.A. Capital Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George Gen Hospital 426 63rd. YES NO K State Ave. 3. NAME OF Middle 4. DATE Month DECEASED the (Type or print) DEATH 19 Patricia Ann Dec 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 1, 2, and 300 5 may 1 and 2 will last birthday) Months Devs Female W.DOWED [ DIVORCED [ 10e. USJAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page ! done during most of working life, even if refired) **I**tudent Grade School Washington, D.C. pages within Office along with form PM3. burial-transit permit. File page: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in frem 18. Give Roy Fran klin Hoffman Lois Frances Moore 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no or unkown) (Ifyesgivewerordelesofservice) Richard N. Garner same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Compression of Spinal Cord IMMEDIATE CAUSE (a) **DUE TO** Fracture and dislocation of first and second (b) cervical vertebras gave rise to Immediate cause DUE TO (e), stating the underlying SE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? Cremai Medical NO I pluods 20a EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part I of Item 18.) Page 3 CAUSE OF DEATH. Riding on sleigh that collided with and parked auto 1 20d. IN.URY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) fectory, street, office bldg , etc.) Not While prior to et work et work Capital Hts. Prince Georges Md. forwarded to the Street 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X. and in my opinion agent, Accident X death resulted from: Natural causes Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 14 Dec. 1.960 DEPUTY MEDICAL EXAMINER X DEPU James I. Boyd NAME (Type) Address (Street, city, town, or county) 224. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d./LOCATION (Gity, lown, A country) REMOVAL\*(Spagify) 0 FUNERAL DIRECTOR VS. A15ME



death, Page

within 24 hours after



Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residence before edmission, e. COUNTY Page of Health. b. COUNTY Maryland files. Prince Georges Prince Georges County
b. Cily OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts. write RURAL and give nearest town) rector. YOUR write RURAL and give negrest town! College Park College Park Years d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitely, give street eddress) d. STREET ADDRESS . IS RES DENCE ON A FARM? 4704 Calvert Road State 4704 Calvert Road YES NO TE refaine 3 to the fur 3. NAME OF Middle 4. DATE Month the MARTHA (Type or print) KONTY HOOK 1960 DEATH December 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 67 birthdey) Fenal e WIDOWED [ DIVORCED [ July 26. 10a. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY! 11. B.RTHPLACE (State or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if ratired) U.S.A. Secretary Retired Baltimore, Maryland University Md. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Franklin Hook Anna Hynson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 4323 Woodbury St., (Yes, no, or unknwn) | (If yes give were r detes of service) Mrs. Remick S. Ferguson, in pencil in Item 1 University Pk., Md. yes, unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN along transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which gave rise to immediate cause pending" DUE TO (a), stating the underlying causa lost. PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat NO M g. 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) shoul PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH are the certificate, writing 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, form, 20f, (City or town) Month, Day, Year (County) (State) While Not While factory, street, office bldg., etc.) Hour n.m. should be forwarded to the FUNERAL DIRECTOR: P. el work | al work prior 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection XI. Inquiry X and in my opinion Natural causes Suicide death resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER A December 23, 1960. **EXAMINER'S** DEPUT NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) Burial (Specify) 12/26/60 Ft Lincoln Cemetery 0 <u>740</u> Colmar Manor Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME O thung S. Krauk F Gasch's Sons DATE DEC 3 0 '60 5M 7/59 Hyattsville Md.

AARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY .c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) e. IS RESIDENCE ON A FARM? YES NO I Month Day Year 1960 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO I (State) (County) 1960 that I last saw the deceased P.M. from the causes and an the date stated above DATE SIGNED town, or county 24b, REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



14250 TO HOSPITAL STREETING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. If by the hospital or attending physician.

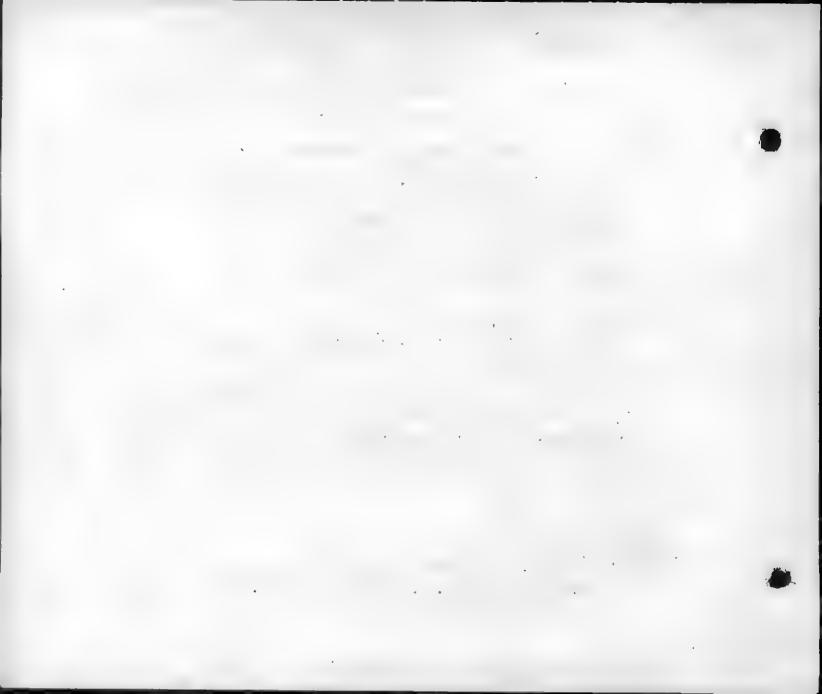
TO FUNERAL STREETIOR: After this certificate has been signed by the attending physician and campletely filled in e funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, are removal, and in may ment, within 27 hours ofter death. VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

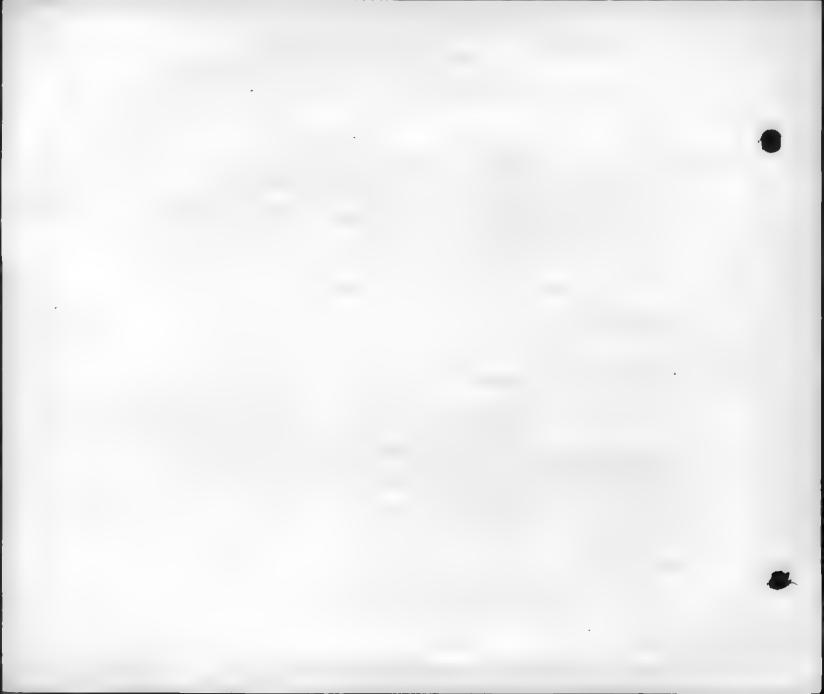
CERTIFICATE OF DEATH

14258

1, PLACE OF DEATH 0, COUNTY		2. USUAL RESIDENCE (Where		Residence before admission)
Prince Georges	MARYLAND	aryla nd	b. county Prince	a Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	de carporate limits, write RURA	
Cheverly	l days	Hyattsville	, , , , , , , , , , , , , , , , , , ,	ic property
d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	adaress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges Hospital		5400 20th Av	· ·	YES NO P
3. NAME OF F(rs)	Middle	Last 4.	DATE Month	Day Year
(Type or print) Effic	1.4	Hunter	December	r 17 1860
	HED NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
Female White WIDOW	ED K DIVORCED	5-23-82	last birthday) M	onths Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fi	oreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if refired) Housewilfe		Phio		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
James / Will	iams	Lucina	d	
15 WAS DECEASED EVER IN U S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	IFORMANT	/ Address	above
(Yes, no, or unknown) (If yes, give war or dates of service)	19-03-4642	3. mary K	Conf. Dan	this .
ID CALIFF OF PEATE (C.			, , , ,	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	nertar (a), (b), and (c)			ONSET AND DEATH
IMMEDIATE CAUSE (a)	Marke	er-a-ca	-	12-10-60
DUE TO				
Conditions, if ony, which ) [b]				
gove rise to immediate DUE TO				
lying cause lost.				
PART A THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(o) 19 WAS AUTOPSY
I Vacqui en	1 · · · · · ·	1 1		PERFORMED?
20a ACCIDENT WAS UNDERLYING   20b. DES	CRIRE HOW INJURY OF CURRE	D (Enter noture of injury in Port	Lor Port II of item 18 )	1.00
PART OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	Chief Hotel House Occome	e felici liotate di infort in tari		
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form 12	206 (City or town)	(County) (State)
Hour o. m. While	Not while fo	clory, street, office bldg., etc.)	tur (City or fown)	(County) (Stole)
₹ p. m. 19 at wor				
21 I certify that (I) (this haspital) attend	led the deceased fram	12-14 1260	, to 12-17	19.60, that (1) (we) last
saw the deceased alive an 12-17				on the date stated above
22 S GNATURE			d	22b DATE
The word Much Od	95	M.D PHYS MED DIRECT	TOR TO PHYS T	1)-19 de
22c PH's CIAN'S		22d. ADDRESS		
NAME (Type) George Hages	ge, Md D.	Mt.	Rainier., Md	
23g, BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMEDERY O	R CREMATORY 23d	LOCATION (City, town, or c	ounty) (State)
Burlal 12/21/60	Fort Lin	colu a	Vernar ma	mor md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MA D	250 REC'D B'	Y REGISTRAR 256 REGISTRA	AR'S SIGNATURE
Malleys Funeral Ho	me me	m. DATE	N <sub>2</sub>	5
I Inc.	1	11-20-		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institutions Residence before edmission) 1. PLACE OF DEATH a. COUNTY Page rector. Pas a. STATE **b.** COUNTY Prince Georges County MERYLEND None b. CITY OR TOWN (if outside comporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporete amits, write RURAL end give necrest town write RURAL and give nearest fown) College Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Washington d. STREET ADDRESS Boal ON A FARM? 4702 Jay Street N. Benk of Konhalworth Avenue State YES NO 3. NAME OF Midd e 4. DATE DECEASED the .TOHN FRANCIS JACKSON (Typa or print) DEATH December 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS may 2 with lest birthday) Months Days Hours WIDOWED [ DIVORCED [ December 17, 1882 Male Negro 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Charles County. Md. Laborer Canital Traction pages 1 within Give Page orm PM3. F 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown permit, File File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 2721 Adams Mi Hedelid N.W. (Yes, no, or unkown) (If yes give war or detas of service) Office along with for buriel-transit permit moval, and in any e Mary F. Turner- Sister in law in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) s a burial-DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underfying 10 used PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? 2 YES X NO plnoys 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | Chief 3 3 5 5 burit e the certificate, writing 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) the Chie (County) (Stete) fectory, street, office bldg., etc.) While \_Not While \_ () at work at work OR: forwarded to I L DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 🔀 Inquiry X and in my opinion death resulted from: Suicide [ Natural causes Accident X Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S December 28, 1960 DEPUT JAMES I. BOYD. M. D. NAME (Type) Address (Streat, city, town, or county) 228, BURIAL, CREMATION 1 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Mt. Olivet Cemeterv Washington, D.C. Burial 246. REGISTRAR 246. REGISTRAR'S SIGNATURE 236 YUMERAL DIRECTOR ADDRESS VS. AISME arthur & traces H Street. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

deoth.

24 haurs



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4293

14242

1 PLACE OF DEATH o. COUNTY Prince	ACE OF DEATH COUNTY Prince George MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Pringe Goore							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Laurel						Laurel							
d. NAME OF HOSPITAL (If not in hospital, give street address)				d. STREET A	DDRESS			-	e. IS	RESIDENCE			
or institution 617 8th Street.				617	8th	YES NO							
3. NAME OF	NAME OF First Middle				rt	4. DATE	Mon	th	Day	Year			
(Type or print)	DECEASED		EMMA	JOHNSON	\T	OF DEATH	_		14.	19 60			
5 SEX	a red are c re	7 MARR	HED NEVER MARRIED	8. DATE OF BIRT		9	P AGE (In years			NOER 24 HR			
fomele				May 17,1	1973		lost hirthdoy)	Months (	Days Hou	urs Min.			
100. USUAL OCCUPATI	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR INDU	ISTRY   11 BIRTHPI	LACE (State	or foreign cou	untry)	12. CITIZ	EN OF WHA	AT COUNTRY			
during most of wor Domest	rking life, even if retired)			Var	ylard	U. S. A.							
13. FATHER'S NAME	4.40			14. MOTHER'S	-	NAME							
	Joseph Watki	ins				Colbe	rt						
15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CESS IIA	SOCIAL SECURITY NO. 112 I	NFORMANT			Add	ress					
	(If yes, give wor or dates of se		SOCIAL SECONITY NO. 17.1	Mrs. Elv	ra Wes	lev:			Laurel	. Wa .			
									- 10				
	ATH [Enter only one co ATH WAS CAUSED BY:	use per III	ne for (o), (b), and (c).	11 7		-11	11.		ONSEL	BETWEEN			
1 1 0.	IMMEDIATE CAUSE (0		ATOMACI	11/1	1191	MAG	MAS		6	1			
一一一	DUE TO	/0	an al an	1 0	m3/1	7			1 -	111			
Conditions, if			Willian	408	4	MX	11		5_	1/6			
gove rise to couse (a), stating		Di	10 1	5 0	_<	/	2 .	, m	1 6	1/10			
lying couse lost		116	M. CE	recri	150	Lell	2020	<u> </u>	13	170			
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	INAL DISEASE	COND TION GI	EN IN PART	1(0) 19 W.	AS AUTOPS'			
PART II. OT	MXU	1	0711	inid	2					□ NO □			
W 20- ACCIDENT IN	AS UNDERLYING	20b DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in	Port I or Port	II of item 1B }						
OR CONTRIBUTING	G   CAUSE OF DEATH!  CAUSE OF DEATH!  CAUSE OF DEATH!												
\$ 20c TIME OF INJ	RY Month, Doy, Yes	or 20d. II		LACE OF INJURY			or town)	{Co	ounty)	(Stot			
WE OF INJ	19	While	k at work	octory, street, offic	e bldg., etc	)							
				0/-	7	۵>	10/10		0.				
21 I certify th	at (1) (this haspital	diene	ed the deceased from.		901 33	1-/10-	1.27.80.			(we) la			
	sed alive on 1	410	19 CC and that	death occurre	d of 12	M, fram I	the causes ar	nd on the	date sta				
220 SIGNATURE	1 111 11	1/		ATTENDIN	IG M	FD	STAFE			22b DATE SIGNE			
4	7 1/1 1/1	BS	sen	M D PHYS	[] DI	RECTOR 🗌	PHYS 🔲						
22g. PHYSICIAN'S	J. M. WALLE	EN		22d. ADDR	ESS								
	ON. 236, DATE THEREC		23c. NAME OF CEMETERY C				ION (City, town,		(	Stote)			
KENDAM (Poscif)	12/19/30	)	llirkirk.,			"ir	kirk, 16	0					
24 FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	3 .	25a. REC'	D BY REGISTE	RAR 25b. REGI	STRAR'S SIG	NATURE				
Mout	X. Survi	den		~ #	DATE D	EC 2 2 16	0 /	8	Faria				



# MARYLAND STATE DEPARTMENT OF HEALTH 1431 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDITIES ATE OF DEALTH.

O HOSPITAL.

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TO HOSPITAL

		T T () T !		CERTII	100	1 -	OI DEAI								
1	PLACE OF DEATH				j	2 U	SUAL RESIDENCE	(Whe	re decease	d tived.	lf instituti	on: Reside	nce befo	re admiss	ion)
		rince Georg	tes	MARY	LAND	a.	STATE	1. (	0_	b.	COUNTY		-		
	B CITY OR TOWN (II	outs de corporate limit	_	CLENGTH OF STAY	IN 15	Ç.	CITY OR TOWN	(If ou	itside corpo	rate limi	ts, write R	URAL ond	give nec	rest town	1)
				20 days	and		W	lasl	hingt	on		4.1	7	X	4
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	address)		c								e. IS RES	IDENCE FARM?
							50	) M	· St.	, S.	E.			YES [	NO R
d. NAME OF HOSPITAL (If not in hospital, give street address)  Glenn Dale Hospital  SO Me Ste, Se Ee  Glenn Dale Hospital  S. SEX  S. SEX  G. COLOR OR RACE  Negro  William  A. Johnson  Johnso		Do	Day Year												
		Wil:	Liam	Α.		J	ohnson		DEATH		12		16		19 60
S. :	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRIE	D 🔲 1	B. DAT					(In years				T
]	Male	Negro	WIDOWE	D DIVORCE			9/29/189	2				Months	Doys	Hours	Min
10a	USUAL OCCUPATIOn during most of wark	N (G ve kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY				euntry)				WHAT	OUNTRY
			un	known ⊷									USA		
						14.									
			- 1					2	?						
15. (Ye	1. no. or unknown) [	R IN U. S. ARMED FOR If yes, give war or dates of st	rrvice)								Add	ress			
U:	nknown	-	U	nknown?	D	ece	dent								
		•	use per lin	e for (o), (b), and (c)	1								INTI	RYAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Arte	rioscleroti	ic he	ear	t diseas	e 1	with a	acute	e hea	rt			
	14	)													
	Conditions if a	21													
		n mediate													
		the under-													
z		J (c)	DIT ONE C	ONTRIB ITING TO DE	A THE BLIT	NOT 1	DELATED TO THE T	C DAJIA	JAI PICE AC	E COND	TION CI	/EN. N. PA	9T 1(a) 1	e was	ALITOPSY
CATIO														PERFC YES [	RMED?
	OR CONTRIBUTING	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY O	CCURRED	) (Ent	ar noture of injury	y in P	ort I or Par	rt II af it	em 18 )	·			
S		Y Month, Doy, Yes								y or towr	1)		(County)		(Stote
MED		19			TOU	lory, s	rreer, ornice alog.,	, erc.,	1						
_	21 I certify tha	t (I) (this hospital	1 attend	ed the deceased	fram	9	/26/	12	60 . ta.	12	/16	196	O_, th	at (I) (	we) las
		-	3-/				accurred at	E	M, fram	the co	uses ar				
		11 . 11.	0											22	B DATE SIGNED
		MAY V	w		h	M D		DIE	ECTOR DO	STAF			1	2/16	160
		Mod	e Wei	ss. M. D.			22d. ADDRESS							al	,
						1				Glen	n Da.	Le, M	d.		
236		N 236 DATE THEREC	F /	23c NAME OF CEM	ETERYO	P CRE	Wier		23d. LOCA	TION (C	ty, tawn,	pe-county)	1	(Stol	(e)
	VEHICAME (Shecila)	12/2,	3/60	fred	130	4	110000	,	/,e	111:	afir.	reg l	27	2	<b>C</b>
24	EUNERAL DIRECTOR	SIGNATURE		ADDRESS	)		1 2 258	REC'E	BY REGIS			11 .			274
		MX.		442 /	71:	30	/ MU DATE	× 1	248 0	U	*#	Phun &	Trau	A	



	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18					
	12219 CERTIFICA	ATE OF DEATH Reg, Dist. No. 14243					
ı	1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o STATE  Matyland  b. COUNTY Prince George:					
)	b. CITY OR TOWN (If autside corporate limits, write RIRAL and give nearest town)  Oxon H111	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Oxon H111					
	d. NAME OF HOSPITAL (If not in hospital, give street address) 5001 Rosecroft Drive	d STREET ADDRESS 5881 Rosecroft Drive . IS RESIDENCE ON A FARM? YES NO 24					
	3. NAME OF DECEASED (Type or print) Thomas Edward J	ones Last 4. DATE Month Doy Year OF DEATH Dec. 19, 1960					
	s. sex male white widowed Divorced	October 9, 1885 9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 HRS.   October 9, 1885 75 yrs.   Months   Days   Haurs   Min					
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	STRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.					
\	13 FATHER'S NAME Thomas Scott Jones	Lilly Coleman					
1	Place on an unbrought . If you may not be dated all corrects	NFORMANT Address 5881 Rosecrof Clice Elizabeth Jones Lewis- Drive-					
	PART I. DEATH Enter only one couse per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), sloting the under-	Lacenona of lung onser and dearn					
	Iying couse lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO					
		D. (Enter nature of injury in Part I ar Part II af item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p.m. 19 While at work at work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ctary, street, affice bldg., etc.)					
	ACTUAL (bd. QS) KI	n accurred at D. A. M., from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED					
	PHYSICIAN'S NAME (Type) John P. DiAngelo	Wash 23 Lie (Sutra Hell					
	Removal (Specify) 12/19/60 Riverview	Cemetery Charlottesville. Va.					
	23 FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines 602901 14th S. Washington.	N. W. DEC 2 2 '60 C M. S. Thank					



1. PLACE OF DEATH O. COUNTY D. CLUTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL and give nearest town)  A. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  3. NAME OF DECEASED  (Type or print)  Dessie  First  Middle  Month  Doy  Yeor  DECEASED  (Type or print)  S SEX  OR COLOR OR RACE  MIDOWED  DIVORCED  DIVORCED  DIVORCED  May 12, 1894  DATE  Jost birthdoy)  Months  Doys Hours  Month  Doy Yeor  DEATH  J. AGE (In yeors lost birthdoy)  Months  Doys Hours  A  Tog. USJAL OCCUPAT ON (Give kind of work done during grast of workings life, eyen if retired)  C. LL TL LL TITL.  Virginia  Virginia
RURAL (and of we nearest fown)  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION  3. NAME OF DECEASED (If year print)  S SEX  6 COLOR OR RACE  WIDOWED  DIVORCED  May 12, 1894  100. USAFRET ADDRESS  WIDOWED  DOY  Year  OF  Married  Non A FAR  YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N
RURAL (Month of No nearest hown)  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR A FAR YES NO  3. NAME OF DECEASED (Type or print)  Bessie  Multiple  May 12, 1891  Tog. USA AGE (In years left hown) Months Day Year OF DEATH  Death  P. AGE (In years left hown) Months Doy Year OF DEATH  OR AGE (In years left hown) Months Doy Hours A  VI That  Tog. USA FAR IF UNDER 14 FUNDER 24  Tog. USA FAR IF UNDER 14  Tog. USA
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FAR YES NO  S. NAME OF DECEASED (Type or print)  Bessie  OCOLOR OR RACE OC
OR INSTITUTION  NAME OF DECEASED  (Types or print)  Bessie  M. L. Last  Month  Doy Year  OF DEATH  OF DEAT
AMME OF DECEASED (Type or print)  Bessie  M. Lucker  M. DATE OF DEATH  Doy Yeor OF DECEASED (Type or print)  Bessie  M. Lucker  Menth Doy Yeor OF DEATH  DEATH  P. AGE (In yeors lif UNDER 1 YEAR IF UNDER 24 Lost Virginia  DIVORCED  May 12, 1894  DIVORCED  May 12, 1894  DIVORCED  DIVORCE
DECEASED (Type or print)   Bessie   M   Literature   DEATH   Company   The print   DEATH   Company   DEATH
DECEASED (Type or print)  Bessie  M  Lite by 2  DEATH  Color or RACE  MARRIED   NEVER MARRIED   B. DATE OF BIRTH  P. AGE (In years   If UNDER 1 YEAR   IF UNDER 24
S SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthdoy)   Months   Doys   Hours   A      100. US JAJ OCCUPAT ON (Give kind of work done of the country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. Page   14. Page   14. Page   15. Page
Oa. US JAI OCCUPAT ON (Give kind of work done of the retired)  Ob. US JAI OCCUPAT ON (Give kind of work done of the retired)
Od. US JAI OCCUPAT ON (Give kind of work done of the direction of working life, eyen if refired)  12. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY 12. Wirginia
during figst of working life, even if refired) Live me for the Virginia
Hiruk, rich Cite referen. Virginia
Clarence R Painter Maggie Patterson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [Yes no or pinknown] (If yes, give wor or dates of service)
Mr William C Kreitzer Sr Bowie, Md.
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
MAMEDIATE CAUSE (0) CERVERS 122 122 122 122 122 122 122 122 122 12
391X DUE TO
Conditions, if ony, which) (b) Any he the retains
gove rise to immediate
Lying cause lost.
(0)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME
YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  While Not while of work of work of work
p, m, 19 ot work of work of work ot work of wo
2) I certify that (1) (this haspital) attended the deceased from 1 through 1946, to the 1, 1966, that (1) (we)
saw the deceased alive an 4 - 1960, and that death occurred at 1214M, from the causes and an the date stated ab
ATTENDING MED STAFF SIC
M.D. PHYS. DIRECTOR PHYS.
22c PHYSICIAN'S NAME (Type) 22d ADDRESS 402 Main Street,
Robert S. McCeney, M.D. Laurel, Md.
230 BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)
Burial Dec 6, 1960 Trinity Lutheran Cemetery Bowie, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OFF. 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OFF. 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OFF. 250 REC'D BY REGISTRAR 256 REC'D BY REGISTRAR'S SIGNATURE OFF. 250 REC'D BY REGISTRA
Francishasch's Son Desattsoille This DATE DEG 5 '60 United S. Thomas

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death Page 4 completely filled papers TO HOSPITAL AR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exembly be refully by the hosp tall an ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and page 3 should be detached for use as the buriol-transit permit. Then please remove carbon is

funeral directar, should be filed with

in

Poges 1



I

ATTENDING MEYSICEN: The low requires that the Beath certificate be executed with n 24 haurs after death. Page

TO FUNERAL TO HOSPITAL VS A15 (4) 18M 9/58

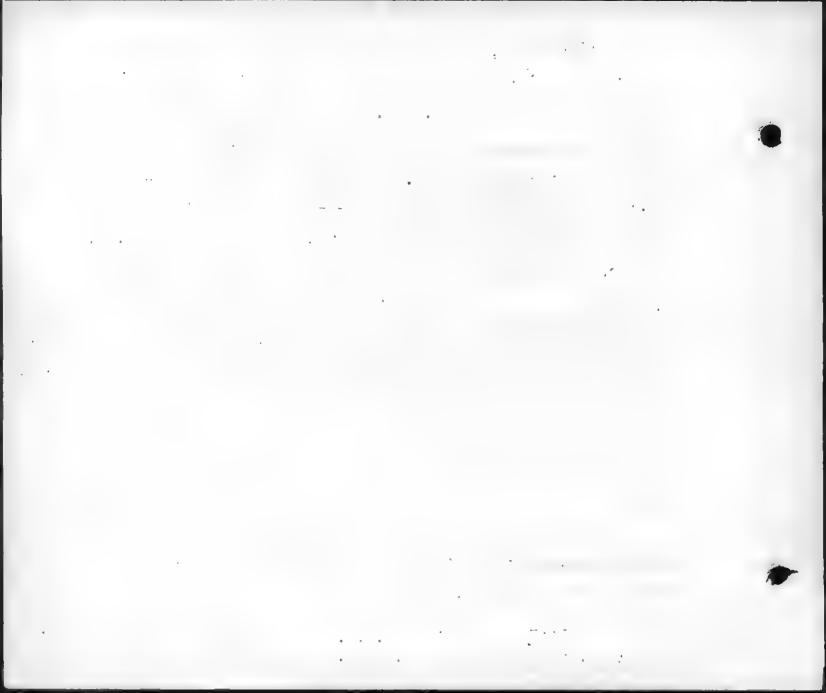
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14919

## **CERTIFICATE OF DEATH**

1424(

エエルエリ						K e	g. Dist.	NO.	
PLACE OF DEATH			2.	USUAL RESIDENCE (WE	here deceased liv		Res dence t	sefare admir	sion).
PRINCE GEOR	RGES	MARYLAN	D	MARYL	AND	b. COUNTY M	ONTG	OMERY	
b CITY OR TOWN (If autside corporate lim RJRAL and give negrest town)	ils, write	c. LENGTH OF STAY IN 1	ь	CITY OR TOWN (IF	outside corparate	limits, write RURA	L and give	necrest tow	n)
HYATTSVILLE		l vr. 3mo		ROCKV	TLLE	13:	<b>3</b>	- ×	
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION	give street			d STREET ADDRESS		-/		e IS RE	SIDENCE A FARM?
SACRED HI	CART	HOME		13003	PARKL	AND DRI	VE	YES [	NOX
	irst	Middle		Last	4. DATE OF	Month		Day	Year
(Type or print)	PRIID:	R C.		LAAKE	DEATH	12-		25-	1960
S SEX 6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	] B D	ATE OF BIRTH	9.			EAR IF UND	
FEMALE WHITE	WIDOW	ED X DIVORCED	1	2-7-70		90 yrs.	onths Do	ys Hours	Min
10a USJAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign count	(7)	12 CITIZEN	OF WHAT	COUNTRY
HOUSEWIFE	,			MARYLAN	D		U.	S. A.	
3. FATHER'S NAME			1-	. MOTHER'S MAIDEN I	NAME	<u> </u>			
GEORGE BEI	LINGE	38			HANN	A BRADL	EY		
IS WAS DECEASED EVER IN J S ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Address			
(Yes, no or unknown) (If yes, give war or dates of	SBLAICE)		SAC	RED HEART	HOME	RECORDS	* SA	ME AS	3 #1
18. CAUSE OF DEATH   Enter only one of	ouse per li	ne for (a), (b), and (c).)						INTERVAL B	
ART I DEATH WAS CAUSED BY	-	PULMON	n 7	W FDEI	110			ONSET AND	DEATH CAL
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT COI	c)			EROTIC			IN PART 1(	PERFO	AJTOPSY DRMED?
OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU							
20c. TIME OF INJURY Month, Doy, You Hour o. m. 19	while	Not while		OF INJURY (Home, form , street, office bldg., etc		lown)	(Cour	nty)	(State
21. I certify that I attended the alive an 12-23-66  ACTUAL SIGNATURE THOME PHYSICIAN'S NAME (Type)	decease decease 19.	/ A *		1, 19.59, to		, 19,e0,tha causes and c , city or lown, stat	in the d	ate state	
220 BUR AL, CREMATION, 22b. DATE THERE REMOVAL (Specify)	OF	22c. NAME OF CEMETER	Y OR CE	EMATORY	22d LOCATION	(City, town, or co	ounty)	(Sta	ite)
BURTAL 12-28-		MT OLTYET		METERY	A P W W W W W W	INGTON		D.	C.
23 FUNERAL DIRECTOR'S SIGNATURE 7.9	Coll	ADDRESS VIAST			D BY REGISTRAN	24b REGISTRA	AR'S SIGNA	ATURE	
PRANCES J. CON	INS !	3821 14th.	ST.	N.W. DATE	U 2 7 '60	Outland	. 9 4.	acce.	



death.

haurs aft



# FOR STATE HEALTH DEPT. IO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any chin is necessary, please extracts the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur Einertor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO PUNERAL DIRECTOR: Page 3 should be used as a burfal-transit permit, File pages Tay with the State Board of Phealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pours after death; where

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11940

1	PLACE OF DEATH		Marian was an analysis of	2. USUAL RESIDENC	TE (Where deserted by	and Mineral Man Bac	TECEO .
	. COUNTY			n STATE	la la	COUNTY	delica perore edinisa dili
-	Prince Geo		MARYLAND	Maryla	na	Fredrick	_
	<li>b. CITY OR TOWN (if outside a write RURAL and give near</li>	orporate limits, c. est fown)	LENGTH OF STAY IN 15		outside corporata lim	is, write KUKAL and gi	ve nearest town)
	Cheverly			Fredrick		X	_
	d. NAME OF HOSPITAL OR IN:	STITUTION (if not in hospita	l, give street eddress)	d, STREET ADDRESS			IS RES DENCE     ON A FARM?
	Prince Georges	General Hosp	ital	Box 366	Rt. # 5		YES NO X
3.	NAME OF DECEASED	First	Midd a	Last	4. DATE OF	Month D	lay Yaar
		Linda Robi		HOPOLD	DEATH	Dec 2	4 1960
5.	SEX 6. COLO	R OR RACE 7. MARRIED	NEVER MARRIED 18.	DATE OF BIRTH	9. AGE (III	years IF UNDER 1 YE	
	Female Whit	te WIDOWED	DIVORCED 2	Aug 1943	17	yrs Months Day	's Hours Min.
10a	i. USUAL OCCUPATION (G vena during most of working life,	kind of work 10b, KIND	OF BUSINESS OR INDUSTRY		or foreigh country)	12. CITIZEN	N OF WHAT COUNTRY?
	Student		School	New York		U.S	. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	MAME		-
	Sidney Leopold	l		Harriet S	imon		
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. 50	CIAL SECURITY NO 17 12			Address	
	z, no, or unkown) (Ifyesgivawi	e sile e	Tes Sie	dney Leopold	same	as # 2	
	18. CAUSE OF DEATH [En		for (a), (b), and (c).)	and neobora	. Bome	//	INTERVAL BETWEEN
	PART I DEATH WAS CA	USED BY: Hemm	orage_and_Sho	cir			ONSET AND DEATH
	MMCDIAII						_
	Conditions, if any, which	Urus	hing injuries	to head and	body,		
	gava rise to immad ata causa		able and seve	re			
	(a), slating the undarlying	DUE TO					
Z	DART II OTHER SIGNIFIC	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GHVEN IN PART 1/a	VEGOTILA ZAW OF
P	TAKI K. OTTIK BIG MITC	THE CONDITIONS GOVERN		The second	THE DIDEFTOR GO. IDITIO	on diversity in the pa	PERFORMED?
CERTIFICATION	20a. EXTERNAL CAUSE WAS	J not becomes	HOW INJURY OCCURED, (EF	star and up of Johns, In Part	Los Part II of Itam 19 )	_	YES NO Y
ERTI	PRIMARY or CONTRIBUTIN	IG []			_		
/			t of car that			~ '/~	3 ~
MEDICAL	20c. TIME OF INJURY Mon	While		ry, street, office bidg., atc.)	) .		
W.	12:30 JOX 12/24		at work X   Park		Kensingto		eorge's Ma.
	21. I certify that I took	charge of the remain	is described above, held	d an Autopsy [],	Inspection K.	Inquiry 💢 a	nd in my opinion
	death resulted from:	Natural causes,	Accident X, Suicid	de, Homicide	, Undetermi	ned manner	
		7		CHIEF MEDICAL E	XAMINER [		
	SIGNATURE Q	med V	Hon	D. ASSISTANT MEDI	CAL EXAMINER		DATE SIGNED
	EXAMINER'S		1	DEPUTY MEDICAL	EXAMINER X		12/24/1960
	NAME (Type) Jame	es I. Boyd	V		ity, lown, or county)		
228	REMOVAL (Spacify)		NAME OF CEMETERY OR		22d. TOCATION (CIT		(Stata)
	Burial 12-	27–60   Be	th David Ceme		Elmont, L.I		
	, FUNERAL DIRECTOR	- 0 00 250	ADDRESS		D BY REGISTRAR   24		
Re	rnard Danzanskj	a Sons 350	1 14th Street	, NW DATE	-101	arthur &	. Thank



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14254		TE OF DEATH	14243
1. PLACE OF DEATH a. COUNTY	Item 3 FilmG2	Z. USUAL RESIDENCE (Where deceased lived. If institute a. STATE b. COUN	
Prince Georges	MARYLAND	Maryland	Prince Georges
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write	e RURAL and give nearest town)
Cheverly	1 day	0 / Greenbelt	
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	Į.	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Prince Georges Gen	eral Hospital	6 P Ridge Rd.	YES NO NO
NAME OF First DECEASED	Middle	OF	North Day Yeor
(Type or print) Everett	Ray		Dec. 13 19 66
SEX 6 COLOR OR RACE 7 MAI		DATE OF BIRTH  9. AGE (In year last birthday	(1) Months Days Hours Min.
Male White WIDOV		C) UMIC TOJU	rs
On USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired)  Retired Highway Dept	KIND OF BUSINESS OR INDUS Washington D C	TRY 11 BIRTHPLACE (State or foreign country)  Kentucky	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Winfield Scott	Likens	A Day	
S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) [1] (If yes, give wor or dates of service)			ddress
5	78 26 3213 E1	izabeth G Likens Green	belt, Md.
18. CAUSE OF DEATH [Enter only one couse per	for all	1 / " 1	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	ry revedict ?	1/couliva	071321 71170 027171
Tall DUE TO		the state of	10 hos
Conditions, if ony, which ) (b)	oronary r	lite or restrorer	10001
gove rise to immediate Couse (a), stating the under DUE TO	1		
lying couse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I or Part II of item 18.)	
Abur o m Whil	fan fan	CE OF INJURY (Home, farm 20f (City ar tawn) tory, street, affice bldg , etc.)	(County) (Stor
21. I certify that (!) (this haspital) atten	ded the deceased fram	, 1918 to 13	1960, that (I) (we) lo
saw the deceased aliveran CEC./2		eath accurred at 500, Nom the causes	
220. SIGNATURE - 1/4/4/2 /1/4	Intal's	ATTENDING _ MED _ STAFF _	12-13-60 SIGN
22c PHYSICIAN'S	and a	M.D PHYS DIRECTOR PHYS 22d ADDRESS	, ()
NAME (Type) Dr. H. Wodak.	M.D.	Greenbelt. Md	
236 BURIAL CREMATION, REMOVAL (Specify)  Cremation  236 DATE THEREOF  Pec 15, 1960	) Ft Lincoln C		
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256 RI	GISTRAR'S SIGNATURE
F, Gasch's Sons Hya	ttsville w	DATE DEC 1 9 '60	Arthur S. Kraus

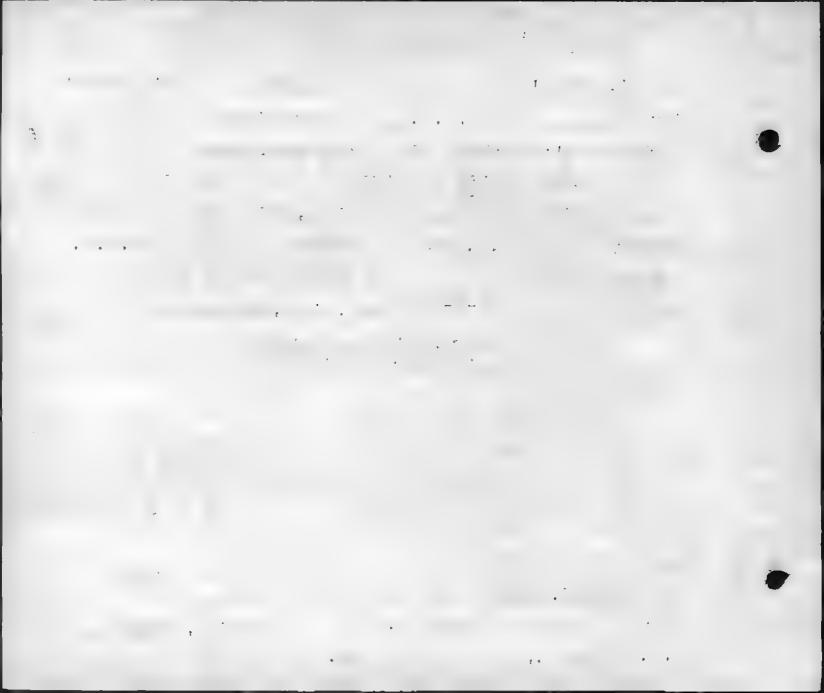
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page Amay be retained by the hospital or otherding physician.

TO FUNERAL AREGIOR: After this certificate has been signed by the altending physician and completely filled in the function of page 3 should be detached for use as the burno-transit permit. Then please remore Carbon papers. Pages I and I should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, If institution Residence before admission) a. COUNTY of Hagith, irector. Page files. Prince George's Frince George's MARYLAND Maryland b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) YOUR write RURAL and give negrest town) Rogers Heights D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give after address) IS RESIDENCE ON A FARM? YES T NO State Prince George's General Hospital 5410 Emerson Street 4. DATE DECEASED OF (Typa or print) DEATH Little December 19 60 6 COLOR OR RACE 7, MARRIED THE NEVER MARRIED 5 SFX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) Months Hours WIDOWED | DIVORCED Female 10a. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stella or foreign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U. S. Govt U. S. A. within w Secretary Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Malinda C Huffaker Charles L Kirby IS. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT Address (Yas, no, or unkown) | (Ifyesgiva war or detes of service) Office along with Guy T. Little, same as 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart Failure IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, If any, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying Medical Examiner cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 a the certificate, writing the word NO DO should 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to buri 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm, , 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et wark et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🛣 and in my opinion Natural causes Accident Suicide Undetermined manner death resulted from. Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James I. Boyd NAME (Type) DEPU Address (Streat, city, Jown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) O 40 6 Burial Grandview Cemeter Maryville Tennessee
240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME W. W. CHAMBERS CO.. Riverdale, Maryland, DADEC 2 9 160 5M 7/59 arthur S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

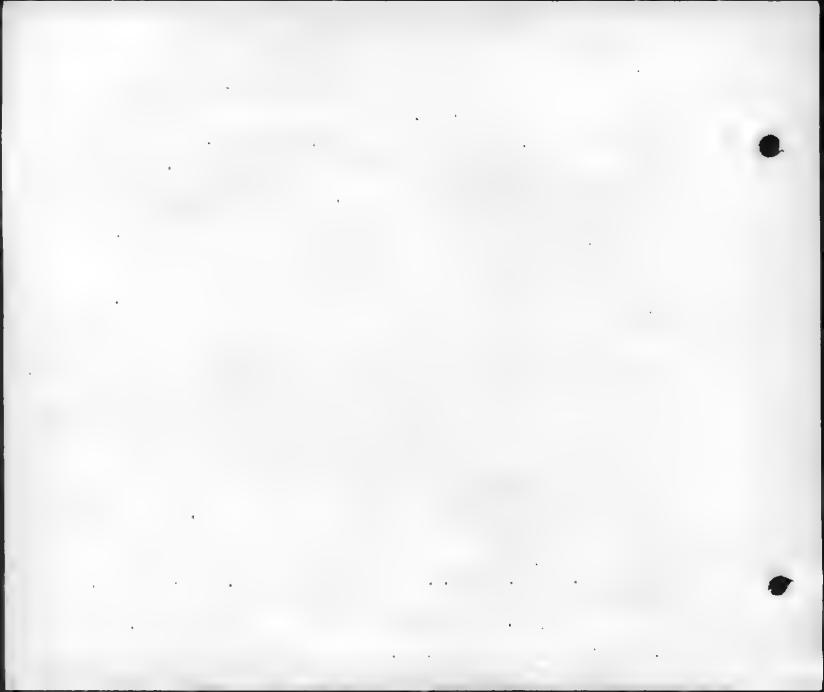


VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14256

14251

	o. COUNTY Prince George	a. STATE  b. COUNTY						
		Maryland Frince George						
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Chaver 1 y 3 Days	c CITY OR TOWN Uf pulside corporate limits, write RURAL and give nearest town)  Hyattsville						
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e 15 RESIDENCE						
	OR INSTITUTION	ON A FARM?						
4	Prince George General Hospital	351¢ Bucaanan St. YES NO 🔀						
	3. NAME OF DECEASED (Type or print) Marcaret Leona	Lizear dost Dec Dec Dec Por Pear 60 Death 19						
	5. SEX Female   6. COOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH 1895  9 AGE (Agyrears   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Haurs   Min   Min   Days   Haurs   Min   Min						
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU							
	during mast of working life, even if retired)	Md USA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	13. 1 ATTICK 3 PARME							
	Lee Johnson	Margaret Cox						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8 [Yes, no. or unknown] (If yes, give wor or dates of service)	NFORMANT Address						
	no N	ettie Taylor Hyattsville, Md.						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and dic),	E INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
	IMMEDIATE CAUSE (a) MOCALCHIAL	msuffery 400gs						
	DUE TO	2 01-100						
	Conditions, if any, which ) (b) ( received	se hear dislaye 12 Jans						
	gave rise to immediate cause (a), stating the under.							
	lying couse last. (c) all temeten bromber							
	(1)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  206. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRING TO CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	PERFORMED? YES NO NO						
1	TO ACCIDENT WAS INDESIGNED TO THE DESCRIPT HOW INTROVOCATION							
	206. ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port I or Part II of Item 18.)						
		LACE OF INJURY (Hame, Form, 20f. (City ar tawn) (Caunty) (State) scray, street, affice bldg., etc.)						
		9-27- 1960, ta Dec. 31 1960, that (1) (we) last						
	21. I certify that (1) (this haspital) attended the deceased frame							
		death accurred at 44. M, from the causes and on the date stated above.						
	220 SIGNATURE	ATTENDING MED STAFF SIGNED						
	John V. Cum	M.D. ATTENDING MED. STAFF PHYS.						
٦	PAZC. PHYSICIAN'S Dr. John P. Clum M.D.	27d COLIDS 43rd Ave. Hyattsville, Md.						
	The (1) pe	outo that wes macosville, Fig.						
	23g BURIAL CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY (	DR CREMATORY 73d LOCATION (City, town, or county) (State)						
	REMOVAL (Specify) Jan 2 1961 St. John's							
	Burial DAIR 2, 1501 SC COME S  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE						
	F. Gasch's Sons Hyattsville, Md.							
	dasch's bons nyattsville, Md.	DATE JAN 5 '61 william S. Thomas						



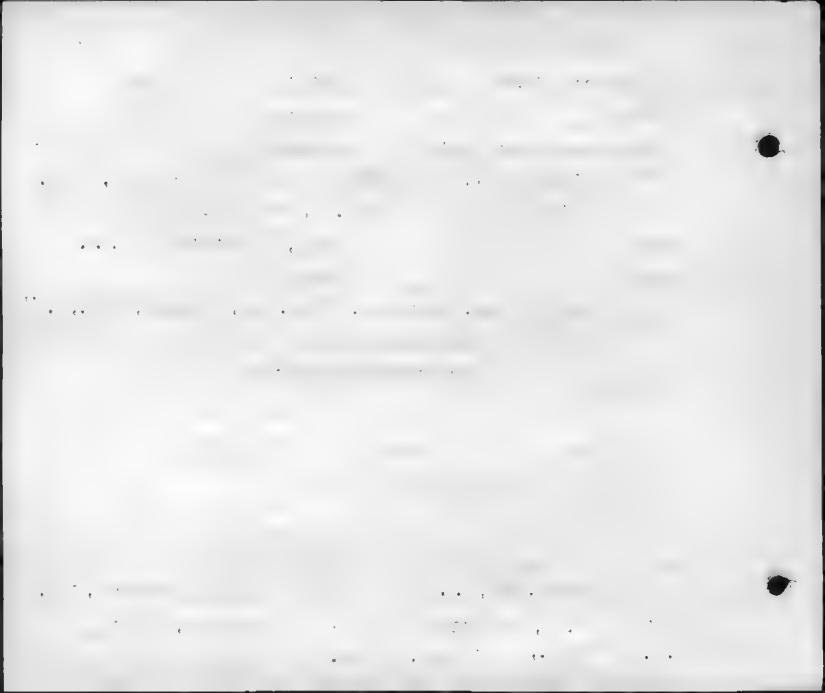
# FOR STATE TO DEPI'S INEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any Yeley is necessary, please entitle the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, Ard 3 lot the I director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 6 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11252

•	1. PLACE OF DEATH  • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edm ssion
-	Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate in its.	b. COUNTY Lake  C. C TY OR TOWN (If outside corporate I m is, write RURAL and give neerest fown,
	the RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Lake Forest  d STREET ADDRESS  is RESIDENCE
	Prince Georges General Hospital	881 Oakwood Last 4. DATE Month Day Yeer
	(Type or print)  JOSEPH  J.  100  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	IS DEATH December 25, 1960.  Date Of BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Sept. 15, 1898 62 yrs. Months Deys Hours Min.
1	Laborer Steel	Joliet, Illinois U.S.A.
	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	Unknown NFORMANT Address (00/ Danner Ch
	(Yes, no, or unkown) (Hyese vewerordatesofservice) No None 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), end (c).)	rs. Grace P. Beer, Woodlawn, Hyatts., Md.
	PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*). Coronary Occl	usion · Onset and death
	Conditions, if any, which geve rise to immediate couse (a), stelling the underlying cause lest,	r renal disease
-	<u> </u>	T RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1 .) 19. WAS AUTOPSY PERFORMEDY
	200 EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (E PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter neture of injury in Pert I or Pert II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) ory, street, office bfdg., etc.)
	21. I certify that I took charge of the remains described above, he	ld an Autopsy, Inspection, Inquiry, and in my opinion
	death resolved from: Natural causes , Accident , Suici	ide, Homicide, Undefermined manner CHIEF MEDICAL EXAMINER
틱	SIGNATURE OWNER HOLD	M.D. ASSISTANT MEDICAL EXAM NER DATE SIGNED
	EXAMENER'S JAMES I. BOYD, M.D.	Address (Street, city, town, or county)  December 26, 1960.
	REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or country) (State)
-	Burial Dec. 30, 1960 Ridgewood Ca	metery Des Plaines, Illinois
	W. W. CHAMBERS CO., Riverdale, Mary	



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

SHOWE KESEN	AKUH ANI	Y KECOKDS	DALII
CERTII	FICAT	E OF D	EATH

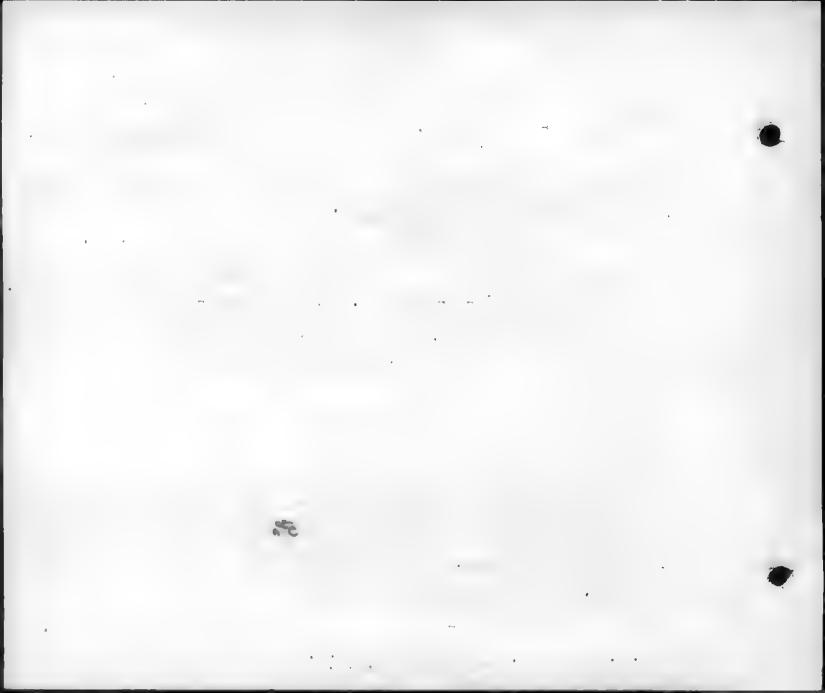
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				·						
PLACE OF DEATH O. COUNTY	RINCE GEOF	RGES	MARYLAND	2 USUAL RESI	DENCE (Who	ere decease	d lived If institut b. COUNTY	ion: Residenc		ission)
	(If outside carporate limi negrest town)		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  CHEVY CHASE						
	PITAL III 260 DENIO		PY:), AVE.	d STREET A	DDRESS	5	j. 14" (j.	~ 1	ON	ESIDENCE A FARM?
	<u>ADSACORDIA</u>	NUR	SING HOME	0 10	1.43.3		, T 42	m vot	YES	□ NO □
NAME OF DECEASED	Fir	's†	Middle	Los	di .	4. DATE	Mo	nłh	Day	Year
(Type or print)	MAF	<b>Y</b>	A	, MACKI	E	DEATH		12	15	1960
SEX	6 COLOR OR RACE	7. MARRIE	ED 🗌 NEVER MARRIED 🗀	8. DATE OF BIRT	Н	,	9. AGE (In years lost birthday)	r	YEAR IF UN	
FEMALE	WHITE	WIDOWED	DIVORCED [	Oct. 5	, 188	83	777	MONTHS	Days   Hour	s Min
during most of w	orking life, even if retired	done 10b, K	IND OF BUSINESS OR IND	***	ACE (Slote o	or foreign c	ountry)		S.A.	COUNTRY?
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
	TO THE PARTY			0-	D.					
JAMES CH	VER IN J. S ARMED FOR	CESS IN S	OCIAL SECURITY NO. 17	INFORMANT	ra Bo	oyder	Ado	fress H VF o	++ 9771	lle.M
(Yes, no. or unknown)	(If yes give war ar doles of s				and this	aamne				
no 577-20-6097 Mrs. Clara Thompson- 1600 Crosby Road										
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH										
PARITO	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	/ Ironche	preum	Lonco				32	ays:
1232	DUE TO		·			71	0.			0
Conditions, if	ony, which ) (b	, (	erebral 2	Tascula	NO	thro.	mboses		20	sears
gave rise to immediate cause (a), stating the under-										
lying couse las		1								
PART IL C	THER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THETERMI	NAL DISEAS	E COND TION G	VEN IN PART	1(a) 19 WA	S AUTOPSY
Ĕ	arteriosalinatio aneurusm of aorta PERFORMED?									
OR CONTRIBUTION	WAS UNDERLYING   HIS CAUSE OF DEATH FY MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury is	ort I or Pai	t II of (tem 18.)	<del></del>		
20c. TIME OF INJ				PLACE OF INJURY (			y ar town)	(C	ounty)	(Stote)
Σ P. π	10	While at wark	IACI WILLIE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1				
21 L cartify (	21 I certify that (1) (this hospital) attended the deceased fram. May 1955 to 1960, that (1) (we) last									
	ased alive an _	Dec 1	4 1966, and that		4 00	M fram	the course o			
220 SIGNATURE	used drive dil		) did fild	dediti decorre	O GOT THE	art, arom	the cooses o	no on me		22b DATE
	ATTENDING MED STAFF 1/2/15/1960									
22c PHYSICIAN'S NAME (Type	1			22d ADDR	ESS	01	4 0 4		0 14	4. [
TANNE (Type	W. Rober	t Pe	rkins	14	163-	Kho	de Isla	ud G	LUE 14	U.
230 BURIAL CREMAT	ION, 236 DATE THEREC	OF	23c NAME OF CEMETERY	OR CREMATORY		23d LOCA	TION (City, town,	or county)	(S	tate)
REMOVAL (Speci	12/19/	60					artinsb		West	
24 FUNERAL DIRECTO			ADDRESS ,		250 REC'I		TOAD OC BEC	ISTRAR'S SIG		4 CL 4
	.Hines Co	2 -2	901 14th S	t. N. W	DATE	1 9 '6	0	Lung 8. 1		
	9	W	shing to n	9 D.C.	TUATE			,		

TO HOSPITAL OR ATTINDING ENYSIGIEN: The low reguires that the death certificate be executed within 24 haurs after death. Page may be reverted by the hospital or attending physician.

D FUNERAL MAECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbain-gopers. Pages I are the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 halps after death carboir popers. Pages 1 TO FUNERAL

VR A15 (4) 1SM 9/59

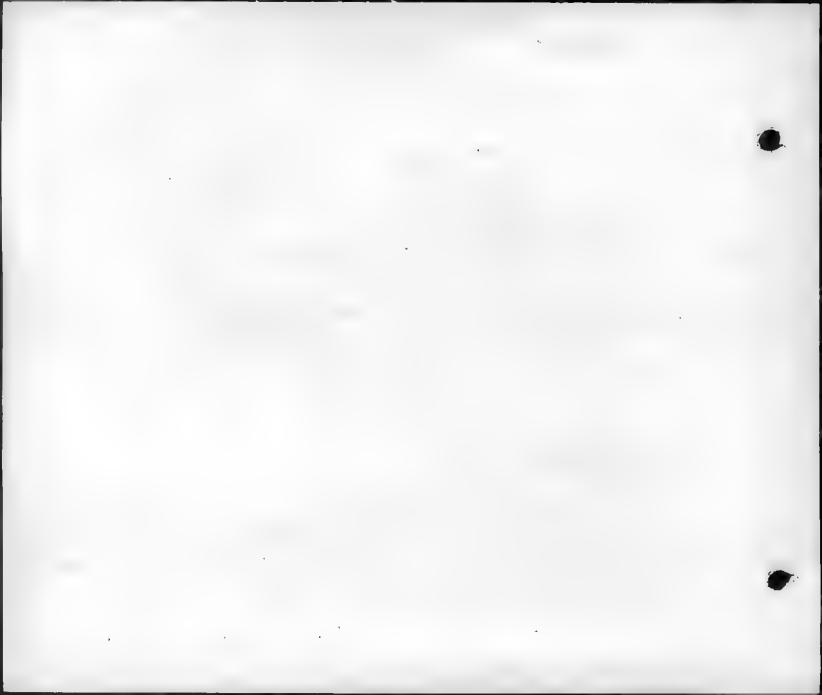


14254

	4	220		EKIIFICA	IE OF DEATE	1				
1. P	COUNTY	*		MARYLAND	2. USUAL RESIDENCE (V o. STATE	Vhere deceased	b COUNTY	in Residence	e before admi	ission)
6		outside corporate limit	s, write c. LENGTI	OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write Ri	JRAL and g	ve nearest to	wn)
0	NAME OF HOSPITA OR INSTITUTION	t (If not in hospital, gi	ve street oddress)	/	d STREET ADDRESS	A. A.	. A N.	,	ON	A FARM?
	NAME OF DECEASED (Type or print)	T-	1 1'4 2	Middle A	Lost	4. DATE OF DEATH	Je we'm	th	Day / 4	Yeor
5. \$	SEX		7. MARRIED ( NE	/ER MARRIED	B. DATE OF BIRTH	.» ( <u>.</u>	9. AGE (In years lost birthday) 64 yrs		Doys Hours	- 1
1	during most of working	N (Give kind of work d ng life, even if retired)	lone 10b. KIND OF B	USINESS OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
13.	FATHER'S NAME	meel	5. Ma	rı	14. MOTHER'S MAIDEN	NAME	i H			
15. (Yes		IN U. S. ARMED FORCE yes, give wor or dates of se		URITY NO 17 11 - 44/2	NFORMANT		Add:	ess	. 7	<i>y</i> .
	PART I DEAT  Conditions if on gove rise to im couse (o), stoling the lying couse lost.	mediate DUE TO	Cut.	The Land	i holdens	, they	<i>.</i>		INTERVAL I	D DEATH
CERTIFICATION	PARE JI OTHE 200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING (*)			D. (Enter noture of injury #			EN IN PART	1(o) 19, WAS PERF YES [	FORMED?
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yea	While Not v	f.	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f (City	or town)	(C	ounty)	(5101
		(I) (this hospital)		4 and that a	ATTENDING	9: 10 M. from MED. DIRECTOR	the causes an			
	BUR AL CREMATION REMOVAL (Specify)	12-19-1	000	e of CEMETERY C	Tat 17 Cem		TION (Cily, town,	or county)	(St	tote)
	FUNERAL DIRECTOR'S	SIGNATURE	) ADDI		250. RE	C'D BY REGIST	RAR 255 REGI	STRAK'S SIC		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirement that the death certificate be executed within 24 haurs after death. Page 4 may be returned by the haspital or otherding physician.

TO FUNERALL AFEITH: After this centificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages 1 and adult be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event within 22 hours after death TO FUNERAL



TO FUNERA

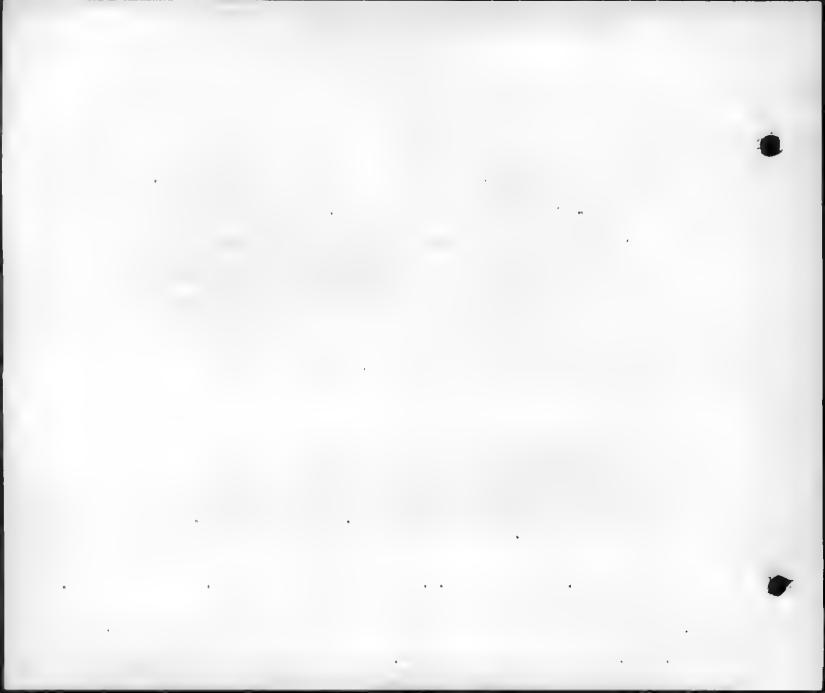
VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 14259

CERTIFICATE OF DEATH

14255

1. PLACE OF DEATH  o COUNTY	MARYLAND	2 USUAL RESIDENCE (Who state larvland		b. COUNTY					
b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c City OR TOWN (If o	utside corporate lin		NCO GOO! AL ond give nea				
RURAL and give nearest town)  Cheverly	h days	C   Laurel							
d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS				e IS RESIDENCE			
Prince Georges General		1 21h 10th	St.			YES NO			
3. NAME OF First	Middle	Last	4. DATE	Month	Da	y Yeor			
(Type or print) Millicen	t J.	Martin	DEATH	Dec.	28	19 60			
		B DATE OF BIRTH	9. AG			IF UNDER 24 HRS			
female White WIDOWE	D DIVORCED	Jan. 17, 19	~ -1	55 yrs	Months Days	Hours Min.			
10a USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS				12. CITIZEN OF	WHAT COUNTRY			
Housewife O	wn home	West	Virgini	a	USA				
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME						
Charles A Gilpin		Amelia V	on Schwa						
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 :  (Yes, no, or unknown)   {If yes, give wor or dates of service}		IFORMANT	_	Addres	\$				
no n	one Th	omas W Marti	n Lay	rel, b	1d				
PART I, DEATH WAS CAUSED BY.    PART I, DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (o)   Citebrate a   R & V keft town to be a consecutive of the course (o), storing the under lying course lost.    CAUSE OF DEATH [Enter only and course per line for (o), (b), ond (c)     PART I, DEATH WAS CAUSED BY.   ONSET AND DEATH ONSET AND DE									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.)									
(IF EITHER, NOTIFY MEDICAL EXAMINER)									
Hour o. m. While		ACE OF INJURY (Home, form tory, street, office bldg., etc.		<b>~</b> ∩)	(County)	(State			
21. I certify that (I) (this haspital) attend saw the deceased alive an Dec. 28.  220 SIGNATURE  22c. PHYSICIAN'S NAME (Type) Dr. Aaron Die	Causes and		stated abave 22b DATE SIGNED						
23a Bur AL, CREMATION, REMOVAL (Specify)  Cremation  24 FUNERAL DIRECTOR'S SIGNATURE	Pt Lincoln ADDRESS	Crematory	Colman  By REGISTRAR	Mano		(State)			
F. Gasch's Sons Hyatt	sville, Md.	DATE JB	N 5 '61	Curá	hur & Three	44			



(TEORGE) ive nearest town)

> IS RESIDENCE ON A FARM? YES NO

> > Year

YEAR IF UNDER 24 HRS Hours EN OF WHAT COUNTRY?

St. S.E. AC 20

INTERVAL BETWEEN ONSET AND DEATH 15

1(o) 19 WAS AUTOPSY PERFORMED?

Q, that (I) (we) last date stated above

(State)

Dec

YES 🔂 NO 🔲

(Stote)

22b. DATE SIGNED 1960

days

196€

	- 1	4320		CERTIFI	CAT	E OF D	EATH				14
1	PLACE OF DEATH	INCE GEO	RG FS	MARYL	AND	2 USUAL RES	ΛΛ	ere decease	d lived If institu		nce before
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Camp Springs  13 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares Washington					
	d NAME OF HOSPITAL (If not in hospital, give street address) OF NSULUTION UCAF Hospital Andrews					d. STREET ADDRESS  206 Portland St., S.E.					
3.	NAME OF DECEASED (Type or print)	DARR		Middle		AA	HEWS	4. DATE OF DEATH	DEC	onth	Doy 10
S	SEX	6 COLOR OR RACE	7- MARRIED WIDOWED	NEVER MARRIED		26	<sub>тн</sub> Д <i>иби</i> ст	59	9 AGE (In year last birthday	\$	Days I
10	On USJAŁ OCCUPATIO during most of wark	N (Give kind of work ing life, even if retired	done 10b. KIND C	OF BUSINESS OR	INDUST	- Ωα	PLACE (State of		ountry)		S,
13	Novm	en B.	Mothers			Pat:	S MAIDEN N	1	lenders	0 m	
	WAS DECEASED EVER	IN U.S. ARMED FOR If yes, give war or dales of s		SECURITY NO		MAN B	MATH	IEW S	206 Po,	ddress C TLAKL	رک بیک
		nmediale (	Men	o), (b), and (c).] ing itis	, +	ubercul	ous				ONSET
CEPTIEICATION	lying couse lost.	) (c ER SIGNIFICANT CON	DITIONS CONTRI							GIVEN IN PA	RT 1(o) 19
MEDICAL		Y Month, Doy, Ye	While N	OCCURRED :		CE OF INJURY ory, street, offi			y or town)		(County)
	21 I certify that (I) (this haspital) attended the deceased from 27 DOV, 19 69 to 10 Dec., 1960, that saw the deceased alive on 9 Dec., 1960, and that death accurred at 0325, from the causes and an the date statement of the same of the date of th										
-	22c. PHYSICIAN'S NAME (Type)	John A.	Moore	some	M	22d. ADD	RESS DII	tal A	ndrews,	Andre	9 D ws_AF
2:	30. BURIAL CREMATIO REMOVA. (Specify) Burial	N, 236 DATE THEREC		NAME OF CEME lington				23d LOCA	gton, V	a, or county)	
( )	FUNERAL DIRECTOR	S HUME	100 mages	ADDRESS 16 "H"S	t., N	E 2, D		C 1 4		GISTRAR'S S	

page 3 shauld be detoched for use as the burial-traithe State Board of Health prior to burial, crematian, TO FUNER may be VR A1S (4) 1SM 9/59

Michael J. Rinaldi

with

should\_be-filed

funeral director,

requires that the death certificate be ememoted within 24 llours after death. Mage

attending physician and campletely filled remave carbon papers. Pages 1

and in any event, within 72 haurs after death

Then pleose

ar removal,

ed by the haspital ar attending physician.
RECTOR: After this certificate has been signed by the d be detached for use as the burial-transit permit. Then

ATTENDING PHYSICIAM: The law



SADDRESS SPRING, MD.

24b. REGISTRAR'S SIGNATURE

C hun of theres

24g, REC'D BY REGISTRAR

FUNERAL FUNERAL 0

12/30/60

death

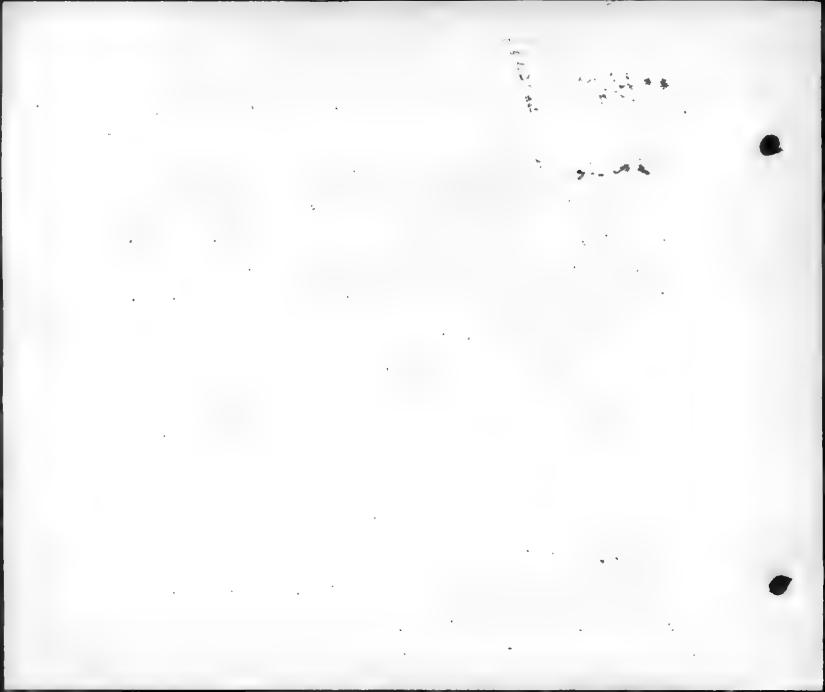


PLACE OF DEATH

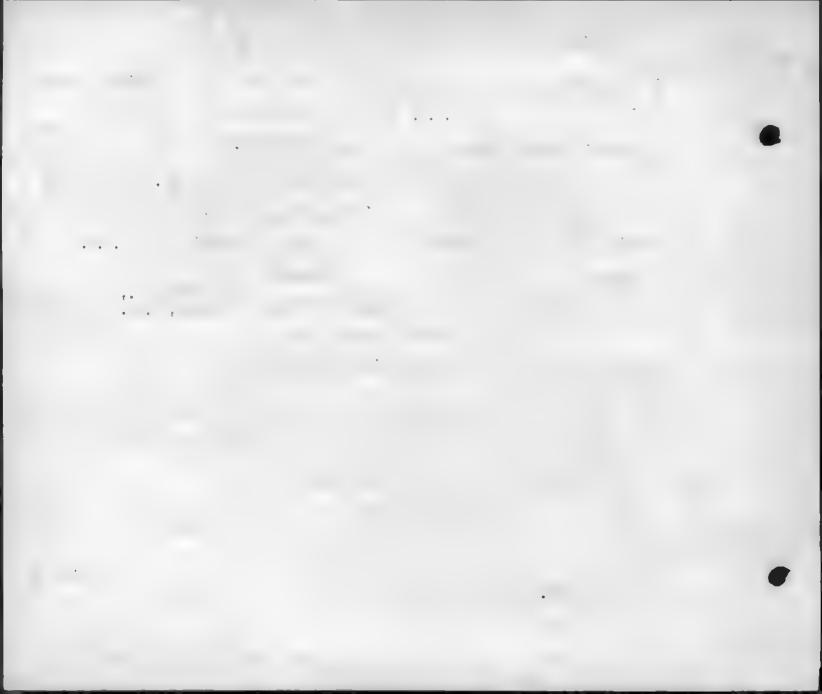
a. COUNTY

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Pas dence before admission) o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn RURAL andra ve negrest Jown), & an K ON A FARM? YES NO Middle Month Year ROBERT PATTERSON MCELWAIN 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED W NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) 70 yrs. Months Days WIDOWED TT DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? PENNSYL VANNIA 14, MOTHER'S MAIDEN NAME VNKNOWN INFORMANT ARMSTRONG MARX INTERVAL BETWEEN ONSET AND DEATH **DUE TO**





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1) MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY files, Health, b. COUNTY Prince Georges rector, Page Prince Georges Maryland MARYLAND b. CITY OR TOWN ('f outside corporete I'm/Is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give neerest town) your write RURAL and give nearest town) ŏ Forrestville Cheverly D.O.A. Board d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospital, give street address, d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5606 Richie Rd. Prince George General Hoppital State | refained YES NOT 3 to the funz 3. NAME OF M.ddle 4. DATE Month DECEASED the Viola Eva (Type or print) DEATH MCK BNIN HY 19 60 Dec with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Amay 1 last birthday) and Hours Female White WIDOWED -DIVORCED [ 22 May 67 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home District of Columbia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM 8 in pencil in Item 18. Give Unknown Inknown form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 140 W 89th St... permit. (Yes, no, or unkown) | (Ifyesgive war or delesof service) Leslie Burmette No AUR New York, N.Y 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (e) Office DUE TO removal. Cardiovascular Renal Disease Conditions, if any, which geve rise to immediate couse Examiner's 60 DUE TO (e), stating the underlying couse last. PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81, 19. WAS AUTOPSY CERTIFICATION PERFORMED? I the certificate, writing the word Medical NO X plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part II of Item 18.) PRIMARY [ ] or CONTRIBUTING [ CAUSE OF DEATH. Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, straet, office bldg., etc.) Not Whila Hour a.m. forwarded to the at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T and in my opinion Inquiry T agent, death resulted from: Natural causes Y Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 💢 EXAMINER'S DEPUT Boyd NAME (Type) James I. Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) MOVAL (Specify) 40 23. FUNERAL DIRECTO 24b. REGISTRAR'S SIGNATURE A15ME DEC 2 9 '60 arting S. King 5M 7/59 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edimination) Page COUNTY s ne. rector. Pes. of Health, **b.** COUNTY MARYLAND Prince George s.
b. CITY OR TOWN (if outside corporate limits, Columbia c. LENGTH OF STAY IN 16 mils, write RURAL and give nearest town) write RURAL and give nearest fown) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite, give street eddress) Boar S RESIDENCE ON A FARM? State YES NO Prince George's Middle DECEASED the (Type or print) Willia DEATH 1960 Harrison McRae With 6. COLOR OR RACE 7, MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In yours HF UNDER I YEAR IF UNDER 24 HRS. lest birthday) Months Colored Male WIDOWED DIYORCED July 4. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired] File pages 1 Helper

13. FATHER'S NAME Kitchen Mouth Carolina 16. SOCIAL SECURITY NO | 17. INFORMALLE Brown permit, File Harrison McRee form Address (Yes, no. or unknown) | (Ifyas give war or detectiservice) NO
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) Thelma McRae, same as # 2 INTERVAL BETWEEN Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EMOPERICARDIUM and CARDIAC TAMPENADE IMMEDIATE CAUSE (a) Office al removal, nife wound of HEART geve rise to immediate coust (0) DUE TO (e), stalling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1 ... 19. WAS AUTOPSY CERTIFICATION PERFORMED? s the certificate, writing the word NO Medical phoods 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING IEDICAL EXAMINER: Stabbed during an Altercation

2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, form, 201. (City or lown) the Chief / Rt. Page 3 s (Y) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Steta) fectory, street, office bldg., etc.) While Not While at work at work Street 50 H 21. I certify that I took charge of the remains described above, held an Autopsy ..... Inspection \_\_\_\_. and in my op nion forwarded to L DIRECTO death resulted from. Natural causes Suicide Homicide -Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE 12/31/60 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU James I. Boyd NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) Clio, 1-11-61 South Carolina. New Zion Church 40 9 Burial O ADDRESS 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME Cirlling & Frank Frazier's Funeral Home Inc, 389 R.I.Ave, D.C. DATE JAN 4 5M 7/59





EM.

240. REC'D BY REGISTRAR
DEC 8 60

DATEDEC

(Stote)

24b. REGISTRAR'S, SIGNATURE

funeral plyahs burial-transit P FUNER 3 0

director

deoth.

Filed

15M 9/55

HOSPITAL

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

220. BURIAL, CREMAT ON, 22b. DATE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14264

1		11124	CERTIFICA	ME OF DEATH	
	o. COUNTY PRINC	E GFORGES	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission MARYLAND FRENCE GEORGES	on)
	b CITY OR TOWN (If o RURAL and give near CAMP SPF.IN	utside corporate limits, write ist town) IGS	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  CAMP SPRINGS	
	d. NAME OF HOSPITAL	(If not in hospital, give stre L ANDREWS	et address)	d STREET ADDRESS 6707 BRINKLEY RD WASH 22 DC	FARM?
	3. NAME OF DECEASED (Type or print)	EILA First	(NMI)	MISKINIS 4. DATE Month DECEMBER 18 1	9 60
	5. SEX 6 FEMALE	CATT	RRIED NEVER MARRIED D	8. DATE OF BIRTH 29 SEPTEMBER 1890 9. AGE (In years left UNDER LYEAR IF UNDER 1904s Hours 70 yrs	Min
4	during most of working HOUSEVIFE	(Give kind of work done 10 life, even if retired)	b. KIND OF BUSINESS OR IND	PENNSYLVANIA  12 CITIZEN OF WHAT CO PENNSYLVANIA  US A	DUNTRY?
	13. FATHER'S NAME ADAM STRICE	KAITES		14. MOTHER'S MAIDEN NAME MAGDALENE GRENAVAGE	
	15. WAS DECEASED EVER II	N U. S. ARMED FORCES? 1		NFORMANT Address APTIAN E. MISKINIS 6707 BRINKLEY RD WASH	22 D
	gove rise to imm couse (o), stating the lying cause lost.  PART II OTHER ARTERIOSCI 20a ACCIDENT WAS 1. OR CONTRIBUTING II (IF EITHER, NOTIFY MI	SIGNIFICANT CONDITION  FROTIC HEART  INDERLYING C 200 D	DISEASE AHA I	T NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS A PERFOR  TI-D TUBERCULIOSIS, PULMONARY  YES ED  (Enter nature of injury in Port II of riem 18)	RMED?
	20c TIME OF INJURY Hour o. m.	Month, Doy Year 20d Whi		LACE OF INJURY (Home, form, 20f. (City or fown) (County) octory, street, office bldg., etc.)	(Stote)
	saw the deceased 220 SIGNATURE 200 PHYSICIAN'S NAME (Type)	E. Was	USAF MC	deoth occurred of A M, from the couses and on the date stated  ATTENDING MED.  MED.  PHYS MED.  PHY	DATE SIGNED
	Durid 24 FUNERAL DIRECTOR'S S Rin alli FM	LEC. 20 19 60 HIGNATURE Manif Home &	ADDRESS HOT	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE  DATE DEC 21 '60 CLILLING & KLOWA	An Box

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be represented by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 3 as should be filed with the State Board of Hearth prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 15M 9/59

I A



14265

		14221 CERTIFICAT	IE OF DEATH	
	1 6	PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence	e before admission)
	1 (	PKINES DORGE MARYLAND	a. STATE Maryland b. COUNTY Monte	gomery
	k	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside carporale limits, write RURAL and give	ve negresi lawn) 5%
		Hyattsville 2 YRS	WINTHAM WILLIAM	/ Bethesda
		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Unknown	e IS RES DENCE
		CHANDLE PINICR 4922 LASALLE	BHK/WAY DIG14/18/4/47/18/16/	YES NO R
10	3. 1	NAME OF First Middle	Lost 4. DATE Month	Day Year
y ·		(Type or print) Teden 10	MOISE DEATH DECEMBE	1319 66
	5 S	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED . B.	A man it hash fa man	YEAR IF UNDER 24 HRS Days Haurs Min.
		MIDOWED DIVORCED	6-2-1800 78 No 6 8	8
	10a	<ul> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ul>	(RY 11 BIRTHPLACE (State or foreign country) 12.CiTIZI	EN OF WHAT COUNTRY?
		ATTORNEY	New ORLEANS LA U	· > . H .
_ `	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	_
I	)_	DAVID CALLOUN MAISE	CORA H. WASHINE	100
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INF es. no or unknown) (If yes give wor or dates of service)	FORMANT Address	0 1 1 0
		None Su	ster agnes Satricia 49 d 2	KANDOLK LI
		18. CAUSE OF DEATH [Enter only one cause positive (or (a), (b), and (c)	for a O	NTERVAL BETWEEN
		PARY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	n Cercho	man
		332 DUE TO	0	
		Canditions, if any, which gave rise to immediate (b)	lusion	Duad-
		cause (a), staling the under DUE TO	0	
	_	lying couse last. (c) Civile	me elections	I I'm Wie II voncy
2	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
6	FIC	20- ACCIDENT WAS UNDERLYING TO 2016 DESCRIBE HOW INVITED OF CHREE	(Enter nature of injury in Part I or Part II of item IB.)	YES NO Z
	ERT	20b. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER!	tener nature or injury tier out that it that is on the in-	
			CE OF INJURY (Home farm, 120f. (City or town) (Co	ounty) (State
	MEDICAL	Haur a.m While Not while factor	tary, street, affice bldg., etc.)	(0.440)
	M		10 Codes 12/19/160	)
		21 I certify that (I) (this hospital) attended the deceased from	1. 19 10	that (I) (we) lost
		sow the deceased olive on 220 S GNATURE A D C	eath occurred of M. from the couses and on the	date stoted obove
		100 Mt Mytha 115	ATTENDING MED. STAFF	12/13/60 SIGNED
		27c PHYSICIAN'S	22d ADDRESS	12/13/00
		NAME (Type) N&2 H VVO L & H&N .	7600 (Rore) Ave	
	23a	BURIAN CREMATION 236. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City town on Content)	S Gara
	1	REMOVAL (Spec fy)	Washington D	MI
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	
		Robert A. Pumphrey Bethesda, Ma	iryland pare DEC 20'60	M. aud

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNETAL ARCTOR: After this cert ficate has been signed by the attending physician and completely fit ed in progressing the defeated for use as the burial-transit permit. Then please remaye corbon papers Pages 1 and 2 should be defeated for use as the burial, are moved, and in any event, within 72 haurs after death. VR A1S (4) ISM 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14266

14263

ATTENDING BEYELICIAN: The lost requires that the Weath certificate be executed within 24 hears offer death. Boge 4

TO HOSPITAL moy be rek

VR A15 (4) 15M 9759

may be retained by the hospital or attending physician.

D. FUNERAL \*\*\*\*ICTOR: After this certificate has been signed by the ottending physician and completely filled in tapage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages I and the State Board of Health prior to burial, cremation, or removal, and in approximately within 72 hours after death

funeral director, lould be filed with

	o. COUNTERINGE George's	MARYLAND	2 USUAL RESIDENCE (Where deceased leved. If institution: Residence before admission) o. STATE IMARYLAND b. COUNTY Prince George 1 S
	b. CITY OR TOWN (If outside corporate limits, write RUM) and paye, represt town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Lanham
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Prince Georges General II	oddress) ospital	d. STREET ADDRESS 9219 Fowler Lane 6 IS RESIDENCE ON A FARM? YES NO TO
	3. NAME OF First OCEASED (Type or print) CLARA	A Middle	Monge 4. DATE Month Day Year DEATH Dec 28 1960
	FEMALE WHITE WIDOW	DIVORCED	B. DATE OF BIRTH  9 AGE (In years lest birthdoy)  Jan 15,1878  9 AGE (In years lest birthdoy)  Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	Own Hame	Washington, D. C. US A
	13. FATHER'S NAME Charles Keleher		14. MOTHER'S MAIDEN NAME Katherine Heiss
\	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		lara L. Gundling Lanham, Md.
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS C	HyperTensiv	Throm bosis  Le Car Lio Vascular Disease 4 yrs  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES TO NOT
	OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRED Not while Not while of work  ded the deceased fram	CE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	23d BURIAL, CREMATION, 23b DATE THEREOF 12/30/60	23c NAME OF CEMETERY OF	
	24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatt	ADDRESS Sville, Md.	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE JAN 3 '61 C Ilung 2 ft.



TO HOSPITAL OR ATTENDING PHYSICAM: The low equies that the death certificate be executed within 24 hours after Beath. Page may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers? Pages 1 and a couper of the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after degith.

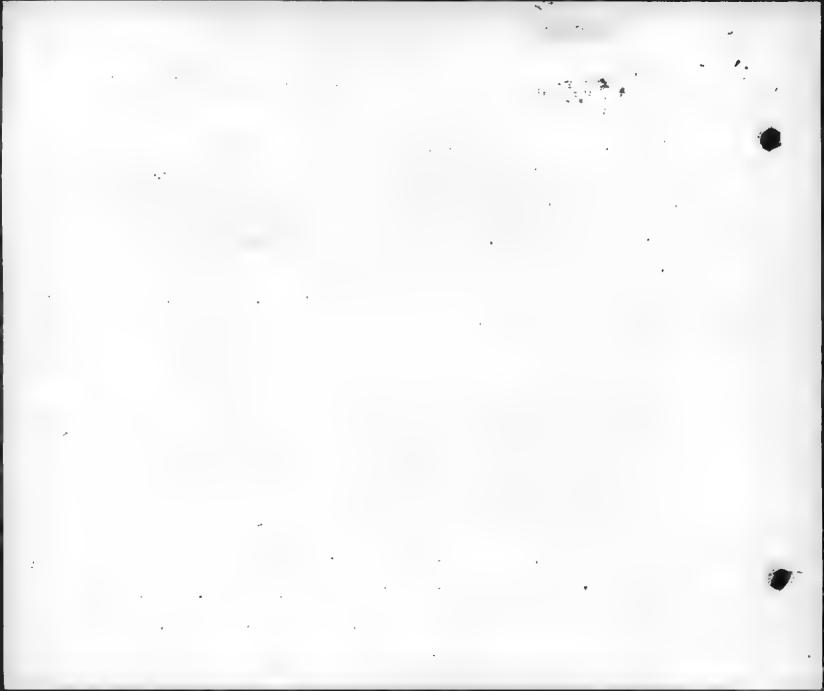
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14325

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 1267

1. PLACE OF DEATH  O. COUNTY  PRINCE GEORGES		MARYLAI		JSUAL RESIDENCE (WI	here decease	b. COUNT	<u> </u>			ion)
b CITY OR TOWN (if outside corporate li	mils, write c.	LENGTH OF STAY IN	1b	MARYTAND	outside corpo		ENCE G			)
RURAL and give nearest lawn)		NO DATO	3	CLINTON				3,		
ANDREWS AIR FORCE d NAME OF HOSPITAL (If not in hospital		73 DAYS		d. STREET ADDRESS				1-	. IS RES	IDENICE
OR INSTITUTION				t.	Discontinued and				ON A	FARM?
USAF HOSP, ANDREWS		IASH 25, DC		ROUTE 2	_	71X		1	YES [	NO Y
DECEASED	First	Middle		Last	4. DATE		nth	Day	١	Year
(Type or print) LOU	.SE	K	1	ORRIS	DEATH	DECEM	BER	27	1	9 60
5. SEX 6. COLOR OR RAC	7. MARRIED	NEVER MARRIED	B. D/	TE OF BIRTH		9. AGE (In years last birthday)	Months			
FEMALE CAUCASIAN	WIDOWED	DIVORCED [	]   26	FEBRUARY	1886	74 yrs	. MORTES	Days	Hours	Mis
100. USUAL OCCUPATION (Give kind of wor	k done 10b. KIN	ND OF BUSINESS OR I	NDU5TRY	11. BIRTHPLACE (State	ar fareign c	ountry)	12.CITI	ZEN OF	WHATC	OUNTRY?
during most of working life, even if return HOUSE WIFE	RETI	RED CIVIL	SERVI	CE DIST	RICT	OF COLUMN	T TIN	TTED	COT A	TES
13, FATHER'S NAME		TODY OTATE		, MOTHER'S MAIDEN N		M. COTOM	JIA UN	T 3 1917	312	ULERO
CHARLES H KREY				AND THE COO	TP.					
15. WAS DECEASED EVER IN U. S. ARMED FO	DOCESS 14 SO	CIAL SECURITY NO.	INFOR	ANNIE COO	K	A of	dress			
(Yes, no, or unknown)   (If yes, give war or dates o		CIAC SECORITY NO.		t. Stephen	J No:		lintor	. 7	יזיירר	land
NO			Vap	o. Doopton	0 8 170	1115 0		. 9 .		20110
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	for (o), (b), and (c)] Accuses	nati	Fris					RVAL BE	
DUE.	0 1.1		11	1	1/1	lani		2	1/	-+/
Conditions, if any, which agave rise to immediate	(b) UU	enocasce	uou	ua vj	Co	0010		7	Tw	ionu
couse (o), stoting the under-	O			$\wedge$						
lying cause lost.	(c)									
PART II. OTHER SIGNIFICANT CO	NDITIONS COM	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION G	VEN IN PAR		PERFO	RMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	H1	BE HOW INJURY OCC	URRED (Er	iter noture of injury in	Part I or Par	t II of stem 18.)			, , ,	
	<u> </u>		N A CE I	AP Andribas dis.	mos 15 .					
20c. TIME OF INJURY Month, Doy, 10 Hour o.m.	While	_ Nat while	foctory,	OF INJURY (Home, farm street, affice bldg., etc	n, 201. (City	y or town)	(0	County)		(Stote)
21. I certify that I attended th	o decented	fram. OC	TIL	1965 to	Die C	4 1, 196	Abot Lie	et caw	the d	eceasod
				1045	-19.	1	i ii	121 2CI W	ine u	eceuseo
alive an 27 Dec	, 17_32.	and that a	eain ac	curred at/24/3		The causes a treet, city or town		date		i abave E signed
ACTUAL Charles	S.	Dhoon	7				, storej			_
SIGNATURE MONUS	_	0,000,0	M D.	USAF HOS	PITAL	ANDREWS		2	7_De	c 60
PHYSICIAN'S CHARLES S M	COON, CA	PT USAF (M	<u>c)</u>	USAF HOS	P, AND	REWS AFE	WAS	H 25	DC	· 
22g. BURIAL, CREMATION, 22b. DATE THER	EOF 2	72c NAME OF CEMETE	RY OR CR	MATORY	22d, LOCA	TION (City, fown,	or county)		(Stok	e}
REMOVAL (Specify) 12-30-6	50 1	Arlington N	Vat']	., Cemetery	Arl	in ton,	Virgin	nia		
23. FUNERAL DIRECTOR'S SIGNATURE	11	ADORESS /	PFX	1731 /2/240. REC'			ISTRAR'S SIG		E	
Simon on A	20//	Jack K	2.0	DATE D	FC 2 9 1	60	کے ہستاری			



unknown

14264 CERTIFICA	ALE OF DEATH
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
o. COUNTY Prince Georges MARYLAND	Maryland Frince Georges
b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town)  Cheverly 9 days	Bladensburg
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	hyOl Taylor Street ON A FARM?
Prince Georges General Hospital  3. NAME OF First Middle	Lesi 4. DATE Month Day Year
DECEASED	OF
(Type or print) Amos Otto	MOTTLSON
S. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1	last birthday) Months Days Hours Min.
Nale White WIDOWED DIVORCED	1 st Feb 1883 77 yrs
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of work ng life, even if relired)	70
Retired Standard Oil (	
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W Morrison	Sarah A Fugitt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) 1 (If yes, give wor or dotes of service)	INFORMANT Address
	ulia L Morrison Bladensburg, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Massive gastroin	
3 2 1 X DUE TO	
Conditions, if any, which   Duodenal Ulcer	unknov
gove rise to immediate	
lying couse last.	osis (right fronto, parietal) 40 hours
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?  YES □ NO □
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200 ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUR  OR CONTRIBUTING TO AUSE OF DEATH  (IF ETIHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m. While Mal while	factory, street, office bldg., etc.)
21 E certify that (I) (this haspital) attended the deceased from	
	t death accurred ab 5000 from the causes and an the date stated above.
220 SIGNATURE	ATTENDING MED. STAFF 226 DATE SIGNED
le les 14	M.D. PHYS. DIRECTOR PHYS.
22c PHYSICIAN'S NAME (Type)	92d ADDRESS
Dr.A. Deitz, M.D.	Hyattsvilles., Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Dec 22, 1960 Glenwood (	Cemetery Washington D C
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsvil	lle Md. DATE 7 7 50 Orthun & Knows

funeral director, auld be filed with

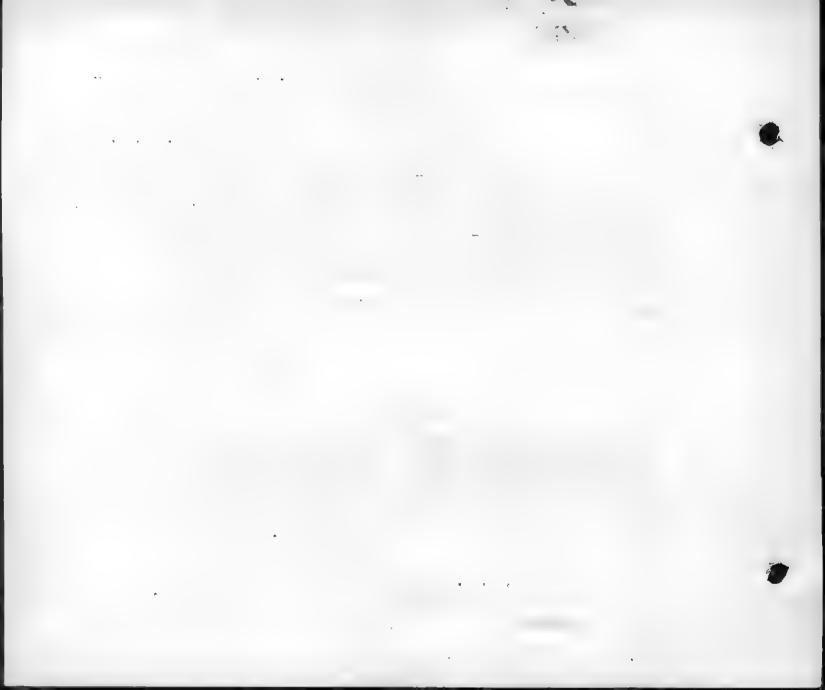
D HOSPITAL — ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page and by the haspital or attending physician.

D FUNERAL — ICTOR: After this certificate has been signed by the attending physician and completely filled in funeral director page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2-should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

TO HOSPITAL may be rek TO FUNERAL

VR A1S (4) 1SM 9/59





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	1	3.
11	J.	3

VR A1S (4) 15M 9/59

	14294 CERTIFICATE OF DEATH	14200
Ë	PLACE OF DEATH a COUNTY.  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution Residence b o STATE b. COUNTY) b. COUNTY b. COUNTY b. COUNTY c CITY OR JOWN (If outside corporate limits, write RURAL and give	General
_	d. NAME OF HOSPITAL (if not in hospital, give street oddress)  d. STREET ADDRESS	o, IS RESIDENCE
	16 7 The Street 106 7th St	YES NO
	NAME OF DECEASED (Type or print) HELEN M. NICHULS DATE OF DEATH	6 1960
5	SEX    6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (n years   IF UNDER TYE     1	YS Hours Min
L	Hausewife Hame Baltimare, Mid	SA
13	Charles W. askin Margaret Hines	
15	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT C. Greet Machale Address / G. Greet Machale A. Raw	I had
		NTERVAL BETWEEN
	Conditions, if any, which) Out Preoscles Osis	10 10
	gove rise to immediate cause (a), stoting the under-lying cause lost.  (b) UU U U U U U U U U U U U U U U U U U	1 416
CATION	Vagaret 5	PERFORMED?
CERTIF-		
MEDICAL	20c TIME OF (NJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. 20f (City or town) (Cour foctory, street, office bldg., etc.) 2 p. m. 19 of work 10 towark 17	nty) (Stote)
	21. I certify that (1) (this haspital) attended the deceased fram. 1957, to Dec. 16, 1960, saw the deceased alive an Allelle 1960, and that death accurred at 6 PM, from the causes and an the deceased.	
	MD ATTENDING MED. STAFF PHYS DIRECTOR PHYS DIRECTOR PHYS	226 DATE SIGNED
/	NAME (Type) FRANK L. WEAWER JK 22d. ADDRESS	
23	Bremoval (specify) 12/20/60 St May Cemetery Or CREMATORY 23d LOCATION (City, Town, or county)	(Stote)
24	A FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SON 250 MECDET REPORT REGISTRAR'S SON CITIM & The	



24g. REC'D BY REGISTRAR

DATE DEC 2 9 '60

24b. REGISTRAR'S SIGNATURE

Cilwa S. Krous

**ADDRESS** 

W.W. Chambers Co. 517 -- 11th St.SE. Wash.DC

23. FUNERAL DIRECTOR'S SIGNATURE

with director,

filed 1

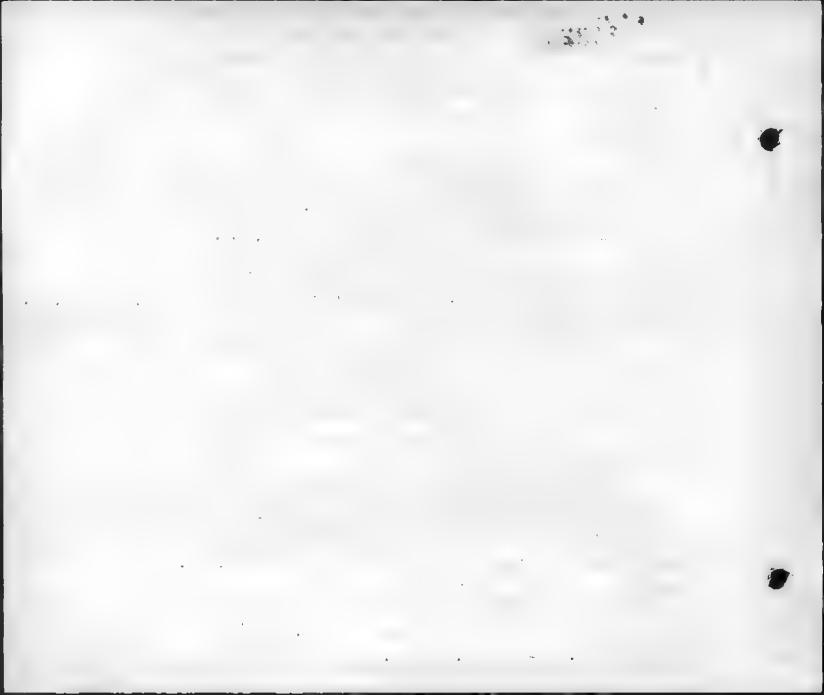
carbon after de

mave

physician

certificate

requires that the death



VR A1S (4) 1SM 9/59

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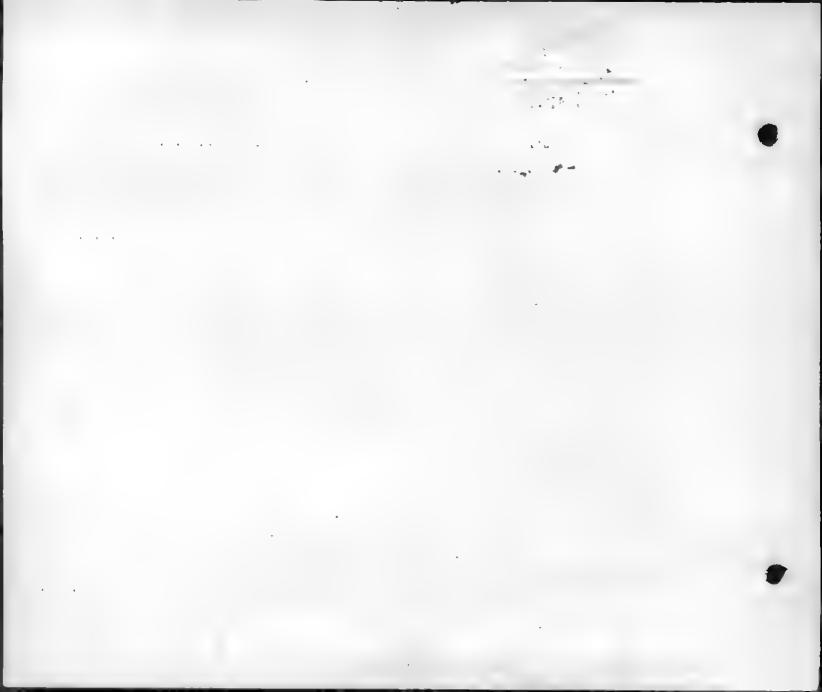
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CE	RT	IFI	CA	ATE	C	)F D	EA	<b>ITH</b>

14272

14328	CERTIFIC	ATE OF DEATH	13242
o. COUNTY Prime	Pearge MARYLAN	//augund	heme General
b CITY OR TOWN (If autside carporate RURAL and give nearest/lawn)	limits, writed a LENGTH OF STAY IN 1	c. CITY OR TOWN (Houside corporate limits, write R	URAL and give neotest lown)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION )	ol, give street address)	Band Mill Ros	e is residence on a farm? yes \( \text{NO} \)
3 NAME OF DECEASED (Type or print) William	First Middle Da	Lost 4. DATE Mon OF DEATH	24 1960
S. SEX  6 COLOR OR RA	WIDOWED DIVORCED	January 12 1881 78 45	Manths Days Hours Min
during most of working life, even if ret	ark done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLAGE (State or foreign country)	USA
13. FATHERS NAME	Dasmen	Elizabeth Sale	lul
15. WAS DECEASED EVER IN U. S. ARMED [Yas, no, or unknown] [If yes, give war at dela	FORCES? 16. SOCIAL SECURITY NO.	/ INFORMANT Add	ross
18. CAUSE OF DEATH (Enter only on PART , DEATH WAS CAUSED IMMEDIATE CAUSED DUI	BY:	ary edleman	INTERVAL BETWEEN ONSE!! AND DEATH
Canditions, if any, which	(b) Chriliae E TO (c)	failure	341.
PART II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CAUSE OF DEA	ÀTH	RRED. (Enter nature of injury in Port ) or Part II of item 18.)	
20c TIME OF INJURY Month, Day, Hour a.m. p.m.	Year 20d INJURY OCCURRED While Nat while of work of wark	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(Caunty) {State}
21 <b>I certify</b> that (I) (this hasp saw the deceased alive an	ital) attended the deceased fro	it death occurred of AM, from the couses or	that (I) (we) lost and on the date stated above
220 SGNATURE  200 PHYSICIAN S NAME (Type)	aus fr.	M.D ATTENDING MED. STAFF DIRECTOR PHYS 272 ADDRESS	12/24/60 12/24/60
230 BURIAL, CREMATION, 236 DATE TH	EREOF / 23C NAME OF CEMETER	Y OR CREMATORY 23d LOKATION (City, fawn,	ar caunty) (State)
Burnel 12/2	6/60 Mt Zen	n Cemetery Highland	my
Le Witt San	alden Kanes	Ma / PERRODICO	STRAR'S SIGNATURE





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Page of Health, a. STATE b. COUNTY Frector, Passer files Prince Georges Prince George MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Mitchellville 70 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State Prince George General Hospital 3 to the fun death 3. NAME OF M ddle 1.4. DATE Month DECEASED OF with the (Type or print) Eldridge DEATH Grafton Dec S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years HF UNDER 1 YEAR rage 5 m 1 and 2 w 2 with lest birthdey) Male WIDOWED [ D. VORCED T 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY ve Pages 1, 2 PM3, Page ougs! an done during most of working life, avan if retired) Laborer Construction Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18, Give John Thomas Owens Henrietta Turner IEDICAL EXAMINER: This certificate should be executed within form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive werer dates of service) permif. Office along with burial-transit permi Henrietta Owens (Mother) Same as 18. CAUSE OF DEATH Enter only one cause par line for (a), (b), end (c). 2. PART I. DEATH WAS CAUSED BY: Coronary Insuficincy IMMEDIATE CAUSE (a) DUE TO removal, Coronary Arterial Heart Disease Condions, if any, which (b) gava risa to immadiata cause "pending" 60 **DUE TO** [e], steting the underlying 20 Examiner causa last. cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1.8., 19. WAS AUTOPSY CERTIFICATION g. the certificate, writing the word Medical should 1 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | age 3 sho CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a, PLACE OF INJURY (Homa, farm, 20f. (City or fown) factory, streat, office bldg., stc.) 0 Not While Hour a.m. should be forwarded to the PUNERAL DIRECTOR: P. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry 🛣 agent, death resulted from: Natural causes 📧 Suicide Homicide . Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER BURNEY RESERVE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT James I Boyd NAME (Type) Address (Street, city, town, or county) 220 NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF LOCATION (Gity, lown, or country) REMOVAL (Spacify) 0 24a. RE AISME 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

1960

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

No X

(State)

and in my opinion

DATE SIGNED

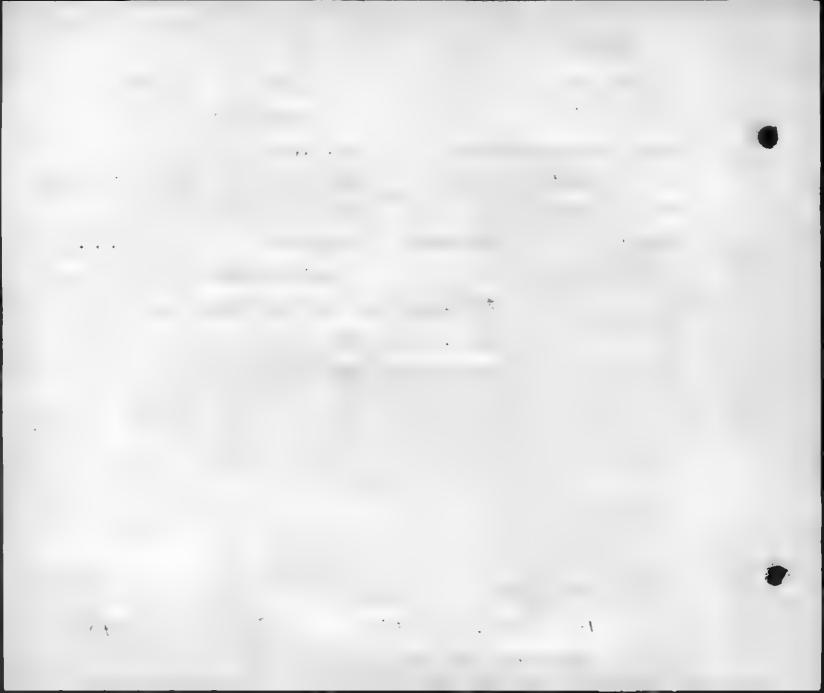
(Stella)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

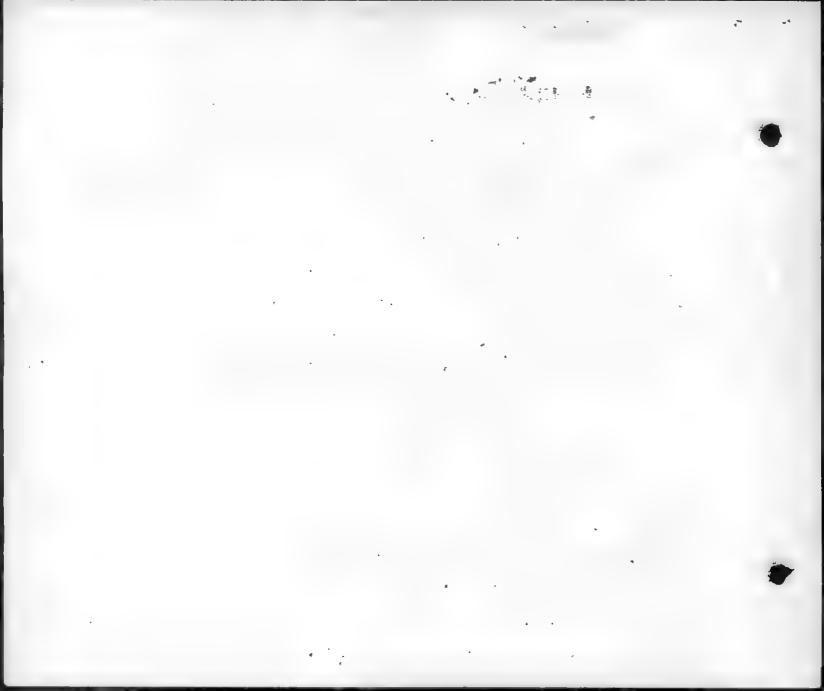
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Dey





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) 1SM 9/S9

MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH
O DIVISION OF STATISTICAL	PESEARCH	AND PECOPOS R	ALTIMOPE 1 MARYLA

14277

Film 276 12-17-60 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CORRECTED COPY

CERTIFICATE OF DEATH CORRECTED COPY

											$\overline{}$	
	PLACE OF DEATH o. COUNTY	1400%		MARY	- 11	USUAL RESIDENCE a. STATE		ed lived If institut		before	adm ssion)	
L	PRINCE GEO					VIRGINIA						
	<ol> <li>C TY OR TOWN (II RURAL and give ne</li> </ol>	f outside corporate limi arest town)	ls, write	c LENGTH OF STAY	IN 1P	c. CITY OR TOWN	(If outside corp	orote limits, write	RURAL ond gi	ve neare	si town)	
	ANDREWS A	IR FORCE BA	SE	24 DAYS		ARLINGTO	ON		- 8	SX	1500 mg/m	
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street c	ddress)		d STREET ADDRESS	5			8.	IS RESIDEN	
		ANDREWS A	FB, W	IASH 25 D C		2772 FT	SCOTT	DRIVE			YES   N	
3.	NAME OF	Fir	si i	Middle		Last	4. DATE	Mo	n Ih	Day	Year	r
	DECEASED (Type or print)	THEOI	ORE			PETERSON	OF DEATH	DECE	EMBER	6	19	60
5	SEX	6 COLOR OR RACE	7 MARRI	ED NEVER MARRIE	о П в	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF	UNDER 2	4 HRS
	MALE	CAUCASIAN	WIDOWE			5 SEPTEMBE	ER 1892	last birthdoy)		Days I	Hours !	Min
104	. USUAL OCCUPATIO	N (G ve kind of work	done 10b	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (SI	tate or foreign	country)	12, CITIZ	EN OF V	VHAT COU	INTRY
1	IGAR MANUE	ing life, even if retired		BACCO INDUS	TRY	MICHIGA	AN		UNT	TED	STATI	ES
-	FATHER'S NAME			11000 211001		14. MOTHER'S MAIDE					0-11-	100
1	ARL PETERS	SON				CATHERIN	E REIN	ERS				
<u> </u>		R IN U. S. ARMED FOR	CES?   16 '	SOCIAL SECURITY NO.	17 INFO		144 LUCA, LV.		dress			
		If yes, give war or dates of s	ervice)	31-12-5070	1	T. Aller	Benne	tt 2777	c. Va	cott	Dr.	
=		ma for .						ALGI	TL 8 655		VAL BETW	ICC. I
		.TH [Enter only one co TH WAS CAUSED BY			,	TOIR TOIR	TODE			ONSE'	T AND DE	
	(ANT) DEA	IMMEDIATE CAUSE (0	TOBL	LAR PNEUMO	MIA H	TGHT LOWER	R LOBE		_	2 W	VEEKS	
	10. 7	DUE TO	CARC	INOMATOSIS	PERI	TONAEUM, I	IVER.	MEDIASTIN	TUM AND			
	Conditions if a		LEFT	CEREBRUM						UNK	CNOWN	
	gove rise to it cause (a), stating t	the under- DUE TO										
l_	lying couse lost.		-	ERMOID CAR			PER LOB				CNOMN	
CATION	PART D. OTH	IER SIGNIFICANT CON	DIT ONS C	ONTRIBUTING TO DEA	ATH BUT NO	OF RELATED TO THE TE	ERMINAL DISEA	SE CONDITION G	IVEN IN PART	1(0) 19.	WAS AUT PERFORMI	COPSY
3	ARTERIOS	SCLEROTIC H	EART	DISEASE						1	YES K N	10 🗌
CERTIF	20a ACCIDENT WA	S UNDERLYING []	20b. DESC	RIBE HOW INJURY O	CCURRED	Enter nature of injury	in Part For Pe	ort II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
SAL	20c. TIME OF INJUR	Y Month, Day, Ye		JURY OCCURRED		OF INJURY (Home, y, street, office bldg.,		ty or town)	(Co	ounty)		(Stote
MEDI	Hour o.m.	19	While of work	Not while of wark	TOCIO	y, sneer, office oldg.,	erc.)					
-		t (l) (this hospito	15 - 55		£ 7	2 Nov	10 60 4	6 Dec	10 6	0 45-	4 (IV to on	) la-
П	21. I certify ino	ed alive on <u>6</u> I	n oriena	/ 10 60	Trom						4 2 4	
	220, SIGNATURE	ed alive on Q_L	766	12 00 , and	that dea	th occurred at 5	tt JM; fron	n the couses o	nd on the	date s	226 D	
	5 01-	. 3 //		Carre		ATTENDING TO	MED	STAFF		-	SI	IGNE
	22c. PHYSICIAN'S	1 W	207		M.I	22d. ADDRESS	DIRECTOR L	PHYS		C	Dec	-60
	NAME (Type)	ITN F Lifecut	TD A C	ADT HEAD	MC)		A ATTOE	PATC A TOTO	LIACU O	5 T	1 0	
	I EDW	IIN E WESTU			MC)	USAF_HOSE	-2	WS AFB,		22.2	2_G	
23	REMOVAL (Specify)		OF .	23c NAME OF CEMI	ETERY OR C	REMATORY		ATION (C'ty town,		20	(State)	
1	Burlal	12-9-60					Det	roit, M:	TCUTKE	П		

250. REC'D BY REGISTRAR

DATE

25b REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS No. vash.2, DC

Two for One: FilmG277 12-19-60 et

offer death.

E

PIIIO

physician

Buipu

ATTENDID by the ho

15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14334

14279

	1 PLACE OF DEATH D. COUNTY	2, USUAL RESIDENCE (Where deceased lived. If institution, Residence	e before admission)					
	Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince	e Georges					
ter .	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and go	ve nearest town)					
1	RURAL and give nearest town) Rural (Washington DC) 10 years.	14Roval (Washington DC	,)					
" '	d. NAME OF HOSP TAL (If not in haspital, give street address)	d STREET ADDRESS	a IS RESIDENCE					
	7204 East Fort Foot Terrace	1-204 East Fort Foot Terrace	ON A FARM? YES NO X					
-	3. NAME OF First Middle	Losi 4. DATE Month	Day Year					
N.	(Type or print) Billingslex Garner	Poque DEATH December	17 1960					
	The state of the s	ast birthday) Months	Days Hours Min.					
	Male Cauagsing WIDOWED   DIVORCED	Oct. 6,1905 55 yrs	Days Hours Min.					
	10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (State or fareign country) 12 CITIZ	EN OF WHAT COUNTRY?					
	Asst. Manager Parking Garage	ger Maryland. U	', S,					
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	Robert Poque.	Dorothy Garner.						
4	And the second s	NFORMANT Address						
	NO _ 220-12-3292 M	rs, Lillia Poque, 7204 East 1	Gord Foot Terroc					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN					
	PART I, DEATH WAS CAUSED BY: Peri card	1+15.	ONSET AND DEATH					
	LL-2 A DUE TO							
	Action is the Action to Heart Disease Gueraka							
	gave rise to immediate	2// 2// 2// 2//						
	lying couse lost (c) Leeneralized	Arterio se levosis.	2 years.					
ln.		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?					
***	206 ACCIDENT WAS INDEPLYING TO 206 DESCRIBE HOW INTERLY OCCUPRE	D. (Enter nature of injury in Part I or Part II of item 18 )						
	OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]							
			ounity) (State)					
	Hour o.m. 19 While Nat while factors of wark of wark	ctory, street, office bldg., etc.)						
	21 I certify that (I) (this hospital) attended the deceased fram.	Oct, 30 1060 in Dec. 17 104	0 that (I) () [					
	saw the deceased alive an Dece 15 1960, and that a	death accurred at 2 M, from the causes and an the	data stated above					
-1	220. SIGNATURE	death accorded digital, main the couses and an the	22b DATE					
1	leka hell burn her to	M.D PHYS DIRECTOR PHYS	2/17/60 SIGNED					
1	22c PHYSICIAN'S	22d ADDRESS	1					
	Charles W. Humphreys, Jr.	1746 K ST. N. W. Wo	shiDC.					
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (Gity, town, or county)	/7Stote)					
1	REMOVAL (Specify)	to poble to	and and					
	24 FLINERAL DIRECTOR'S SIGNATURE , ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRAR'S SIG	NATURE					
1 3	Sure Bus Holet and Rivers		Prace &					
1	John John James							
	uam 20 0	-6						

ATTENDINE EHYSICENN: Tile for requires that the death certificate be executed within 20 hours after Beath. Page 4

funeral director, auld be filed with

Then please remove carbon papers. Pages 1 and

D FUNERAL CACTOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

TO HOSPITA MAY BE THE TO FUNERAL

VR A15 (4) 15M 9/59

The state of the second

1. PLACE OF DEATH a. COMMITY RURAL and give nearest town) SUITLANI d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF

MARKENS SURSE GOUN b. CITY OR TOWN (If outside corporate limits, write

14335

c. LENGTH OF STAY IN 16

d. STREET ADDRESS

SED PRINCE

4. DATE

OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)

**b** COUNTY

e. IS RESIDENCE ON A FARM? YES TO NO T Year

Middle DECEASED RANKLINI (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED [ DIVORCED [

9. AGE (In years last birthday) Months yrs.

1960 IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) REPAIRMON REPAIRMAN 13. FATHER'S NAME

FRANKLIN

14. MOTHER'S MAIDEN NAME ATVNIE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT MRS RICHARD F. POZEND MAUY

(b)

CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] THROWBES13 CORONARY

INTERVAL BETWEEN ONSET AND DEATH

JAMEDIATE CAUSE (a) **DUE TO** Conditions, if ally, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last

PART I DEATH WAS CAUSED BY-

MERLITUS

ARTERIO-SCLEROTIC METERT DISEASE

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c). 199. WAS AUTOPSY

PERFORMED? YES NO

200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

Day, Year 20d. INJURY OCCURRED Not white While at work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office\_bldg., etc.)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

and that death occurred at

(County)

(Stote)

(State)

IMMEDIATE

21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 220 SIGNATURE

22c. PHYSICIAN'S

purice

Hour a.m.

MD.

ATTENDING PHYS 22d, ADDRESS

STAFF DIRECTOR -

23d LOCAT ON (City, town,

1900, to 12/18

CONNECTION AVE

SIGNED

60 ... 19 ...., that (I) (we) last

23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)

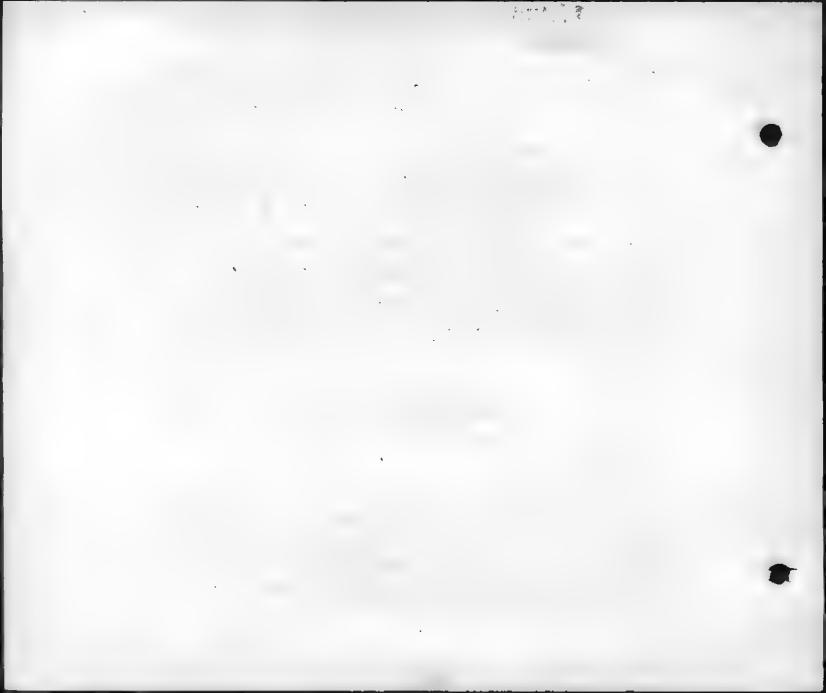
23c NAME OF CEMETERY OR CREMATORY 22-60

250 REC'D BY REGISTRAR

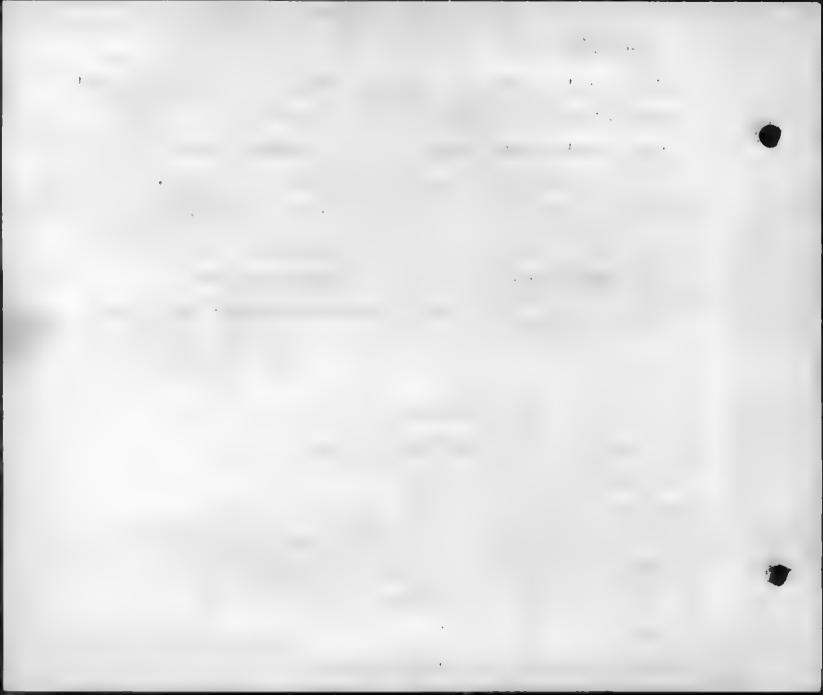
MED

M, from the causes and an the date stated above

1SM 9/59



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTIL DEUT. 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) e. COUNTY files. Health, Page b. COUNTY Prince George's Prince George's County, MARYLAND Maryland b CITY OR TOWN (if outside comporete limits, c. CITY OR TOWN (If outside corporete I mils, write RURAL and give nearest town, LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly, Maryland ≥0akorest d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RES DENCE ON A FARM? 408 Mulberry Street YES TO NO TO Prince George's General Hospital 3. NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH 1960 Powell Reginald 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS est birthdey) I Months I Deys WIDOWED DIVORCED | 10-23-60 mo.XX Colored Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland TISA NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Ann Powell Howard Augusta Brooks 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (If yes give we ror deles of service) Lillian Ann Powell, Same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Office DUE TO Conditions, If any, which [6] geve rise to immediate cause DUE TO (e), steting the underlying couse last PART I, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPS PERFORMED? 8 NO TO 1 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Slete) While Not While fectory, street, office bldg., etc.) Hour a.m. F 7. et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy 🖊 Inspection [ and in my opinion forwarded i Natural causes & Accident Suicide Homicide Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER TO EXAMINER'S DEPU 20 NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMA CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) OH 40 6 24b. REGISTRAR'S SIGNATURE JAN 3 61 VS. A15ME 5M 7/59 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14282

INTERVAL BETWEEN ONSET AND DEATH

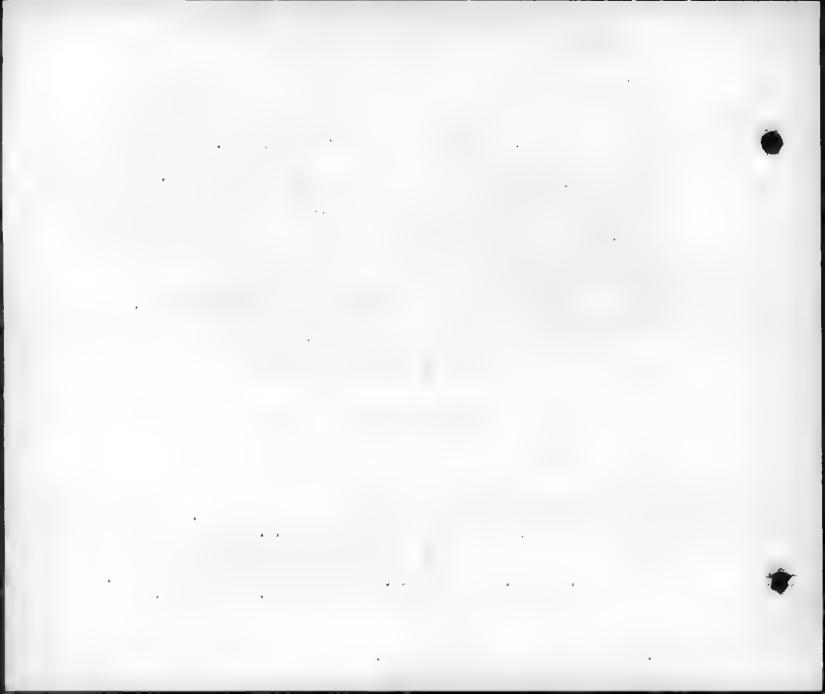
YES NO B

(State)

22b DATE SIGNED

	1	4601	CERTIFICA	AIE OF DEATH					
	1. PLACE OF DEATH 0. COUNTY Prince	George	MARYLAND	raty tand Prince			пу.		
1	b. CITY OR TOWN RURAL and give Chever1		c. LENGTH OF STAY IN 16	Cottage (		its, write RURAL and s	give nearest town)		
	OR INSTITUTION		street address)	d STREET ADDRESS		-	e. IS RESIDENCE ON A FARM?		
700		George Gener		3712 Park			YES NO [3		
1	3 NAME OF DECEASED (Type or print)	First Debelo	Middle	Lost Dames have re	4. DATE OF DEATH	Dec. 13	Day Yeor 19 60		
ı	S SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE	(In years IFUNDER	1 YEAR IF UNDER 24 HR		
	Female		DIVORCED D	May 26,1879	8	birthday) Months  yrs.	Days Hours Min		
	during most of w	TON (Give kind af wark don orking life, even if retired) USAWIFE	own Home	USTRY 11. BIRTHPLACE (Stote Virginia	or foreign country)		ZEN OF WHAT COUNTRY		
1	13. FATHER'S NAME	dach YI c	Owit moste	14. MOTHER'S MAIDEN	NAME		אַפּ		
	_	es S Lamkin			ie Craft				
$\mathcal{A}$		VER IN U. S. ARMED FORCES		INFORMANT		Address	·		
	(Yes, no, or unknown)	(If yes, give wor or dates of service)		ospital recor	rd Chev	erly Md.			
		EATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).]	presemonia			INTERVAL BETWEEN ONSET AND DEATH		
	Canditions, if gave rise to cause (o), statin lying cause las	immediate DUE TO	Shorte	Most fort	ui		12 hore		
٥			TIONS CONTRIBUTING TO DEATH BU				1 (o) 19 WAS AUTOPS' PERFORMED? YES NO		
	□ OR CONTRIBUTING     □ OR CONTRIB	WAS UNDERLYING [] 20 NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Part I or Part II of I	tem 18.)			
	20c. TIME OF INJ Hour o. m	10	20d INJURY OCCURRED 20e. I While Nat while at work of wark	PLACE OF INJURY (Hame, fari actory, street, office bldg , et	m, 20f. (City or tow	n) ((	County) (Stat		
	saw the dece		attended the deceased fram 19_60 and that						
	22a SIGNATURE	Lond Jan	ectry by A	M.D. PHYS.		FF S 🗆	22b DATE SIGNE		
	22c PHYSICIAN'S NAME (Type		. Levitsky, M.D.	_	3408 Rhode <b>It Rainie</b>	Island Av	е.,		
,	23a. BURIAL, CREMAT		23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C	City, town, or county)	(Stote)		
	REMOVAL (Speci	1 Dec 10, 1	00001112		Suitland				
(*	24 FUNERAL DIRECTO		ADDRESS	Lie Control Co	b Paris Ma	256, REGISTRAR'S SE			
A.	F. Ga	sch's Sons	Hyattsville, Md	DATE D	EC 2 0 '60	Carlan S.	Times		

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the Beath certificate be executed within 211 Bours offer death. Page 31 VR 15M 9/59



moy be rety

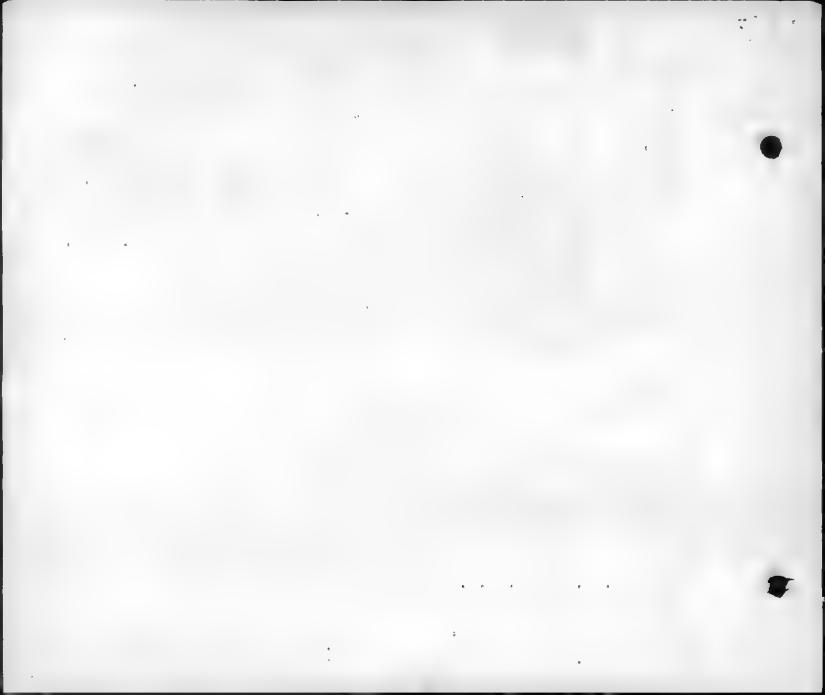
VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14336

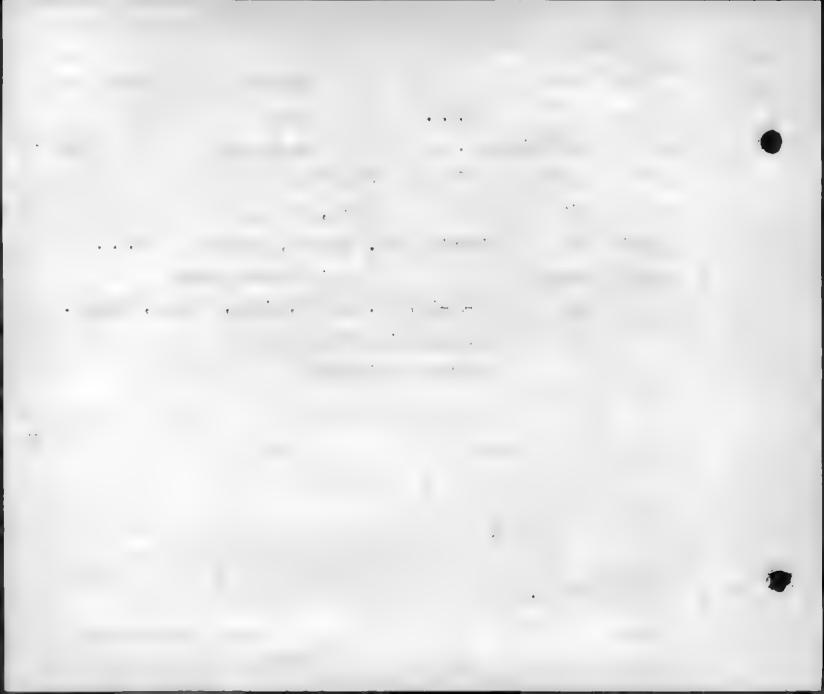
**CERTIFICATE OF DEATH** 

1456. Reg. Dist. No.

*													
	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE b. COUNTY							
	Pri	nce Georg		MARYI		Maryland Pr. Geo's							
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				C. LENGTH OF STAY IN 16				rate limits, write	RURAL ond	I give ne	arest tow	n)
	Brandyw:	Ine		Life	-	Brand	ywin	0					
R	OR INSTITUTION	NL (If not in hospitol, g	Rt #3	DDRESS BO	x 20'	7			e. IS RES	FARM?			
3.	VAME OF	Fire	sl	Middle		Los		4. DATE	Mo	nth	Do	ıy	Yeor
	Type or print)	Jo	hn	How	0	Rawli	ngs	OF DEATH	Dec	embe	r l	9,	1960.
5. 5	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	0 🔲 [	B DATE OF BIRTH	1		9. AGE (In years last birthday)	IF UNDE	10.00		ER 24 HRS
1	Male	White	WIDOW	ED DIVORCEE		Dec. 6,	187	1	89 m	Months	Days	Hours	M.n.
10a	LSUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11 BIRTHPL	ACE (Slote	or foreign co	ountry)	12 C	ITIZEN C	F WHAT	COUNTRY
	lobacco I		′   (	Own Farm		Mar	ylan	d		U	. S	. A	•
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	James Her	nry Rawli	ngs			Mar	tha	Ann V	Vilson				
15.	WAS DECEASEDEVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 IN	FORMANT			Ad	S'hme	ลร	Tte	em #2
	Inknown (	. yet, gre -ut a desert o			Mr	s. Glad	ys W	. Ray	wlings-	D 01.10	. 40		J. 11 11 ~
MEDICAL CERTIFICATION	Conditions, if an gove rise to in couse (o), storing I lying couse lost.  PART II. OTH	WAS CAUSED BY: IMMEDIATE CAUSE (c  IMMEDIATE C  IMMEDIATE CAUSE (C  IMMEDIATE C  IM	DITIONS 3	Not while	TH BUT  CCURRECT  200, PLA		f injury in P	ort I or Pari	t II of item 18.)		ON	PERFC	DEATH LES
WE	21. I certify the alive an	of Lattended the	deceas	ped fram	death	accurred at		ADDRESS (SI	n the causes reet, city or town aryland	and an	the da	te stat	ed abave ATE SIGNE
220	BURIAL, CREMATION			22c. NAME OF CEME	_			22d. LOCAT	TION (City, Iown,	or county)		(Stol	le)
h	REMOVAL (Specify)		60	St. Pau	l's	8 2 2 3	ry	Bade	en		M	ary.	Land
-	FUNERAL DIRECTOR'S		TT	ADDRESS	NT a ac	Md.		BY REGIST		ISTRAR'S S			
R	itchie B	ros.Fun!	. Ho	me-Upper 1	mar.	TDOLO.	DATEJAN	1 1 3 '6	(G)	whit &	. Turan	1.6	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAS MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before edmission) is nec.
director. Percon files.
(Health, Prince George's e. STATE **b.** COUNTY MARYLAND b CITY OR TOWN ( f outside corporete I mits, c. CITY OR IOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Lenral D.O.A. Savage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Laurel General Hospital Inc. WYT NOT Williams NAME OF Middle 4. DATE Month DECEASED OF ihe i RESECCA 1960 (Type or print) VIRGINIA THE MORES DEATH Dec with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers EIF UNDER 1 YEAR IF UNDER 24 HRS. and 2 w may 2 wit last birthdey) Female WIDOWED -DIVORCED July 8. 1897 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housekeeper University of Md. Alberton, Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James McElvanev Annie Elizabeth Waskey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT [Yes, no. or unknwn] | (If yes give we rordetes of service) Mr. Albert F. Miller. Jessup. Maryland. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (e) **DUE TO** Myocardial Insufficiency Conditions, if env. (b) gave rise to immediate cause DUE TO (a), stefing the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6]. 19, WAS AUTOPSY PERFORMED? 28 NO TO pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) Month, Day, Year Not While fectory, street, office bldg., etc.) the se et work et work Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inquiry and in my opinion O death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER 🗍 should be for SIGNATURE DENUTY MEDICAL EXAMINER EXAMINED'S James I. NAME (Type) DEPU Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) [State) REMOVA (Specify) 244. REC'D BY REGISTRAR FUNERAL DIRECTOR 246. REGISTRAR'S SIGNATURE VS. ATSME 5M 7/59 Cirilwa & Trays



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

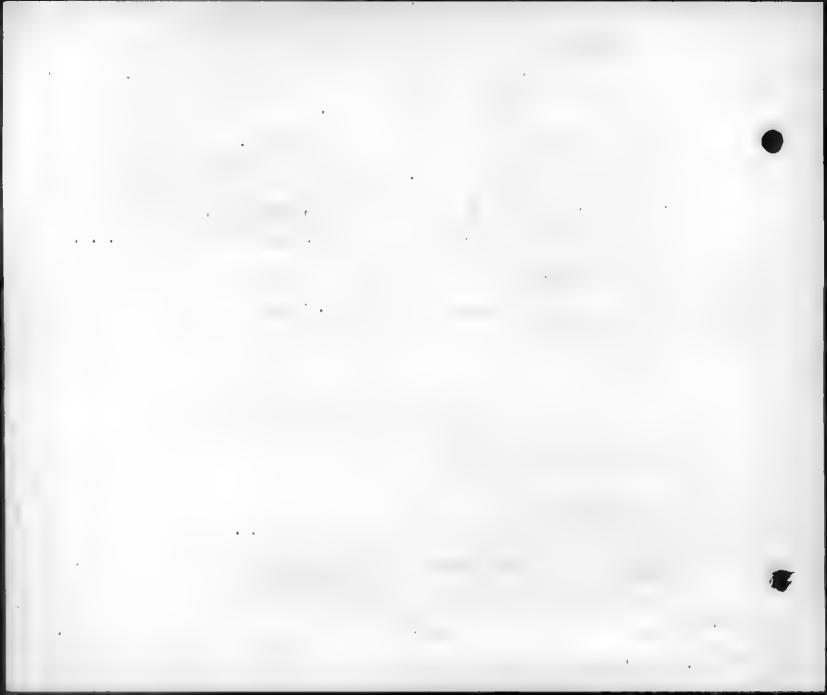
14268 CERTIFICATE OF DEATH 14284

		A Per VANA								
	PLACE OF DEATH c. COUNTY Prin	ce George	¹s	MARYLAND	O STATE	Mary.	_	b. COUNTY p	Residence befo	eorge†s
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give meorest town) Cheverly			c. LENGTH OF STAY IN 16				a limits, write RUR	AL and give ne	arest town)
	d. NAME OF HOSPITAL OR INSTITUTION Prince	George's				ADDRESS 56th	kve.	1		e IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	All		Middle M•	Ree	lost ed	4. DATE OF DEATH	Decembe	r 20	y Yeor 19 60
ı .	sex Female	white	7 MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BI		9.		UNDER TYEAR Aonths Days	Hours Min.
	USUAL OCCUPATION during most of working most of working father's NAME	(Give kind of work g life, even if retired		Own Home		Maryla	and	try)	U.S	• A•
13.		****			14. MOTHE	R'S MAIDEN				
15	WAS DECEASED EVER I	Mitchell	CE\$2 16	SOCIAL SECURITY NO. 117	INFORMANT	ALLIC	e Duva	Address	t.	
		yes, give wor or dotes of s	ervice)	None	Janet R	Gamb	rell	(Daughte		e as # 2
	Conditions, if ony gove rise to improve (o), stoting the lying couse lost.	MAS CAUSED BY: MMEDIATE CAUSE (o  DUE TO  which mediate e under- (b	Ce	ne for (o), (b), and (c) I relyal T	osis	losi			U <sub>1</sub>	ERVAL BETWEEN SET AND DEATH OHORS
CERTIFICATION				CONTRIBUTING TO DEATH B					I IN PART 1(o)	PERFORMED?
MEDICA	20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour a. m 19 White Not white of wark of wark of wark of wark 19 Not work 19 Not wo								(Stote)	
	21 I certify that sow the decease 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)		001	ded the deceased fram 19 60, and that		red 81:20	AP 478m th			nat (I) (we) last e stated above 22b DATE SIGNED
230	BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREC	)F	23c NAME OF CEMETERY	OR CREMATORY	'	23d LOCAT O	N (City, town, or	county)	(State)
	Burial FUNERAL DIRECTOR'S	12/23/6	0	Oakland	Cemeter	¥	Waye		RAR'S SIGNATU	Ga.
			vo t t	sville, Mary	rl and		D BY REGISTRA		on S. From	
He	. Gasch's	cons	JAVV	TO TAKE CALL STOCK	TOTAL CO.			P 6 17	1 92 1 4 0000	

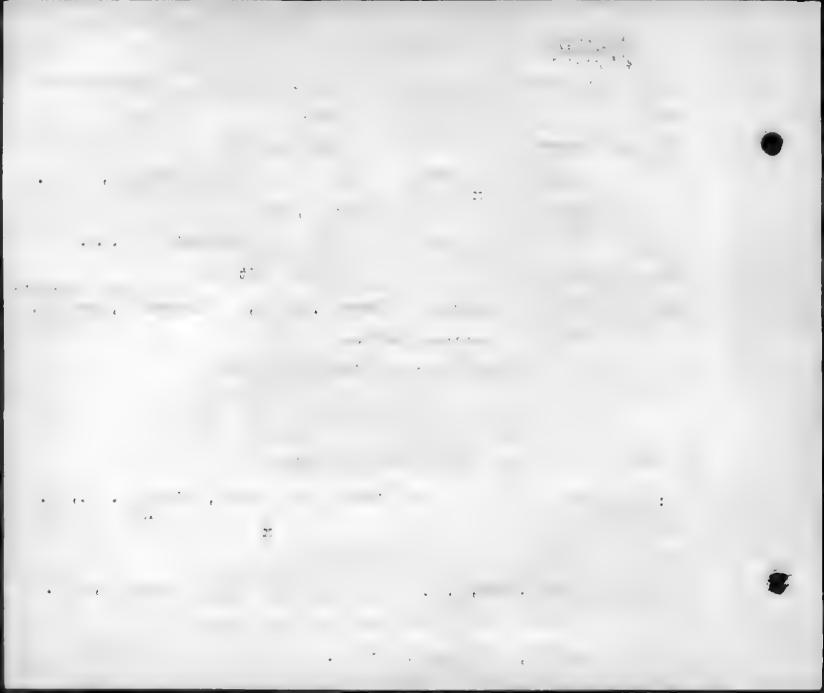
TO HOSPITAL OR ATTENDING MYSICIAN: The loam requires that the death contificate be executed within 24 hours after death. Bage 4 may be read to by the haspital ar attending physician.

TO FUNERAL ARCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 should be filed with, the place to be added to the filed with.

The fune of the continuation of th may be re VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 37MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) is net.
director. Recourt files. e. COUNTY e. STATE **b.** COUNTY Prince Georges County MARYLAND Prince Georges Maryl and C LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Lanham Lanham d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, o va streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 9109 Third Street YES NO X State 9020 Second Street 3. NAME OF Middle 4. DATE DECEASED (Type or print) McCLOUD NORMAN DEATH REGIO December 1960. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years HE UNDER I YEAR HE UNDER 24 HRS. may 2 wit age 5 may land 2 wi 72 hours lest birthdey) Days Hours Male White WIDOWED March 17. DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2, M3. Page done during most of working life, even if retired U.S.A. Pennsylvania. Tool Maker Machanist form R/M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ã. 8, Give Norman McCloud Reed Florence Heitzman File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO.1 17. INFORMANT Addres 7504 West Park Drive (Yes, no, or unkown) | (Ifyesg vewerordetesofservice) Hyattaville, Maryland, Robert M. Hudlow. unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Henorrhage and Shock IMMEDIATE CAUSE (a) **DUE TO** Gunshot wound in right side of neck Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 61 19. WAS AUTOPSY PERFORMED? 28 NO X should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert | or Pert | or Pert | log item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Shot while breaking into house \$ m } the Chie | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY (Steta) fectory, street, office bldg., etc.) Not While White Lanham, Prince Geo. Cty., Md. 1:00 xx 12 at work et work Private House 1960 080 Inspection IX. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry W and in my opinion forwarded to L DIRECTO death resulted from: Natural causes Accident Suicide Homicide Ti Undetermined manner CHIEF MEDICAL EXAMINER [ ABTIMAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER December 18, 1960. JAMES I. should NAME (Type) Address (Street, city, Iown, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Burial (Specify) Dec 21, 1960 Cedar Hill Cemetery 40 Suitland Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME In hung & Traces GASCH'S FUNERAL HOME. Hyattsville, Maryland, 5M 7/59



(M)	=
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04.

TO INDEPITAL OF ATTURNING FINALS. The last requires that the disath smithcare be exemuted within 24 hours after death. Bogs 4 may be retormed by the hospital or attending physician.

TO FUNERAL SCIOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Sould be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 22 mays after death.

VR A15 (4) 1SM 9/59

	14338 CERTIFICATE OF DEATH									
	PLACE OF DEATH  O COUNTY  PLACE OF DEATH  O COUNTY  O STATE  D STA									
ŀ	b CITY OR TOWN (If autside carporate limits, write   c LENGTH OF STAY IN 1b   c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)									
	Rural-Cano Spings 26 days 2:Washington									
	d. NAME OF HOSPITAL (If not in hospital, five street oddress) OR INSTITUTION, USAF HOSP. Andrews.  d. STREET ADDRESS 7820 Whitney Ave S.E									
	3. NAME OF DECEASED (Type or print) Edwin Gerce Rehkemper DEATH December 24 1960									
ı	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B DATE OF BIRTH  9. AGE (In years 15 JNDER 1 YEAR IF UNDER 24 HRS 100 birthdoy)  WIDOWED DIVORCED 17 DEC 1919  WIDOWED TO DIVORCED 17 DEC 1919									
	Oc. USUAL OCCUPATION (G.ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  during most of working life, even if retired)  Armed Service  12. CITIZEN OF WHAT COUNTRY?  OCONEC Illiniois.									
ľ	Herman G. 14 MOTHER'S MAIDEN NAME CECILIA TOMMEN.									
İ	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 7320 Whit we what was in or unknown; 1942- Pres, 7575-74-2028 Was Herena Kern Rewall wash 28DC									
ŀ	1.18. CAUSE OF DEATH   Enter only one cause per line for (c), (b), and (c), ]									
ı	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) SEPTICE ON 18									
ı	5/2.3 DUE TO									
I	Canditians, if any, which (b) TERITOUITIA									
ı	couse (a), stating the under.  lying couse last.  COLUMN (COLUMN)									
l										
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO D  200. ACCIDENT WAS JNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m.  P. m. 19 of work										
ı	21 1 certify that (I) (this hospital) attended the deceased fram 1905, to 1905, to 1905, that (I) (we) lost									
ı	sow the deceased alive on 1900, and that death occurred at 1800, from the causes and on the date stated above.									
l	220 SIGNATURE MD ATTENDING MED STAFF SIGNED STAFF SIGNED									
	220 PHYSICIAN'S NAME (Type)  22d ADDRESS									
Ì	230 BURIAL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d OCAT ON (City town, or county) (Stote)									
ŀ	TORIAL 12-29-60 TANA LLLINOIS  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE									
	RINALD TUNERAL HOME 8/6 HSt. N.E. BC 2 DATE DEC 27'60 CONTINUA & KLOUB									



# the funeral Birector, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be relained by the haspital or attending physician. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shown be detached far use as the burial-transit permit. Then please remove carbon papers. Pages, I and the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

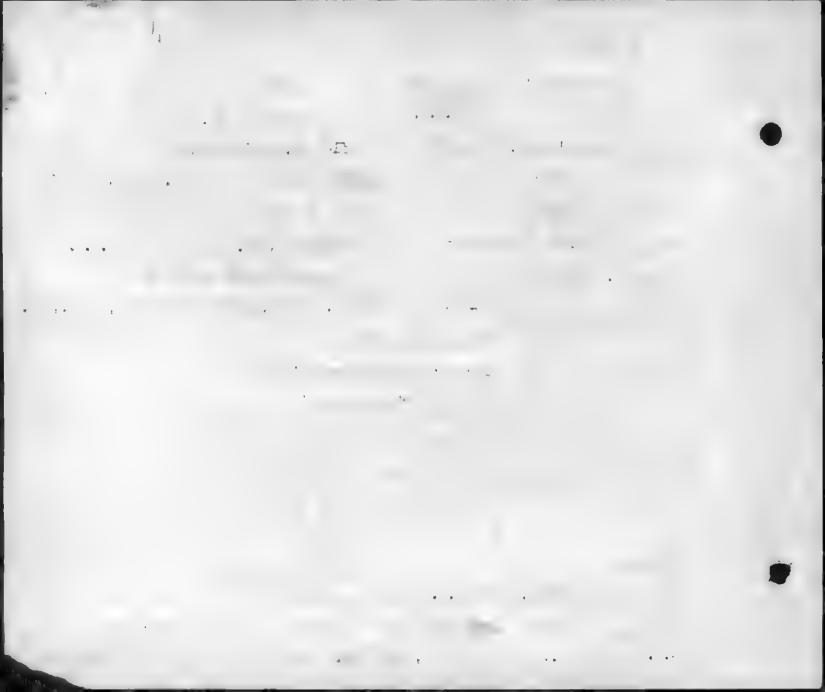
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14339 CERTIFICATE OF DEATH

14287 Reg. Dist. No.

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  o. STATE Management of COUNTY							
	Prince Georges MARYLAND	Maryland b. COUNTY Pro Georges							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi. Md	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Adelphi. Md.							
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE							
	1802 Jasmine Terrace	1802 Jasmine Terrace ON A FARM?							
1	3. NAME OF First Middle	Lost 4. DATE Month Day Year							
	(Type or print) CHARLES AUGUSTUS	RIDLON DEATH December 15, 19 60							
		B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	male white WIDOWED DIVORCED	Nov 20, 1877   lost birthdoy)   Months Days Hours Min							
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?							
	Retired Machinist	Massachusetts U S A							
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	) Alfred B Ridlon	Mary A Goodwin							
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 I	NFORMANT Address							
		adys Monroe Adelphi, Md.							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
	PART I, DEATH WAS CAUSED BY:	Heron basis one hous							
	4-20 Due to								
1	Conditions, If ony, which) is arterior levate: Went Ilinear 2 were								
	gove rise to immediate								
	couse (o), stoting the <u>under-</u> lying couse lost.  (c)								
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY							
	5 Influence.	PERFORMED? YES IND							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   706. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CAUSE OF DEATH  Uff EITHER, NOTIFY MEDICAL EXAMINER]	D. (Enter noture of injury in Port I or Port II of item IB.)							
'									
	En (1   Ca.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
-	Hour o. gt. p. m. 19 While Not while of work	,							
	21. I certify that Lattended the deceased from 12/7	1960, to 12/15, 1960, that I last saw the deceased							
	10/12	accurred at 5 A. M. from the causes and an the date stated abave.							
1		ADDRESS (Street, city or town, state)  DATE, SIGNED							
И	SIGNATURE OF THE STATE OF THE S	MD 7105 - RIGGS RD 12/15/40							
I		m.v. ,oodein							
	PHYSICIAN'S HUGH W. IREV	Adelphi, Md.							
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O								
	Burial Ded 17, 1960 Ft Lincoln								
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	F. Gasch's Sons Hyattsville, Md.	DATE DEC 2 0 '60							



CERTIFICATE OF DEATH MEDICAL EXAMINER'S . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) rector. Page your files. d of Health, e. COUNTY a. STATE PRINCE GEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) D.O.A. CHERRYCOSIO FALLS CHURCH d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? State B PRINCE GEORGE'S GEN. YES NOTE 3.7 NAME OF DECEASED OF [Type or print] DEATH JAMES T. HIR Dec. 19.60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years IT UNDER 1 YEAR ) IF UNDER 24 HRS 8 DATE OF BIRTH lest birthday) Months Days Hours MALE W.DOWFD | DIVORCED YII. 1De USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTIPLACE (Stelle or fore gr. country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Condon-Reed. SHEET METAL WORKER In¢ U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK M. ROGERS IDA MARY ROGERS nee PUGH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ayasgive war or dates of service) TOMMY J. ROGERS, BEECH CRAFT DRIVE, ALEX., VA. 577-16-1171 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarct IMMEDIATE CAUSE (a) DUE TO buriai Coronary Artery Thrombosis Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (e), slating the underlying Coronary Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1 9, 19, WAS AUTOPSY ed. rould b. PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 o buri 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f, (City or lown) (County) (Steta) Not While fectory, street, office bldg., etc.) While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry C and in my opinion 0 forwarded i Natural causes death resulted from. Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER the ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE FUNERAL EXAMINER'S DEPUT JAMES I. BOYD, M.D. should NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 12/30/60 Suitland, Maryland 40 9 Washington National Burial ā 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME W.W.CHAMBERS CO., Riverdale, Maryland, 5M 7/59



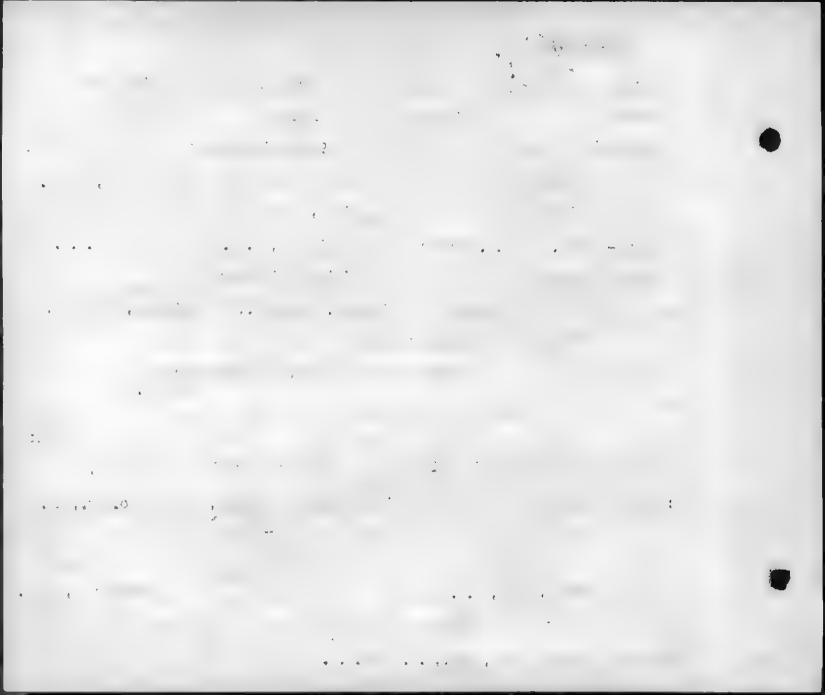
MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND, IFICATE OF DEATH Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF Health, a. COUNTY a. STATE b. COUNTY prince George's Prince George's MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if oulside corporate limits. c CITY OR TOWN (If outside corporate om ts. webs KLIR at and give nearest lower write RURAL and give nearest town) Riverdale D.O.A. North Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) TREET ADDRESS . IS RESIDENCE ON A FARM? Leland Memorial Hospital Lynnville Ave. YES NO X State 3. NAME OF 4. DATE 2, and 3 to the DECEASED OF the (Typa or print) DEATH 1960 JOSEPHINE WHITE Dec. 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX 9. AGE IIn YBBIS LIF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH age 5 may 1 and 2 wit 72 hours a lest birthday) Months Days Hours Min. WIDOWED [ DIVORCED X April 16, 1904 Female White yrs. 10a. USUA, OCCUPATION (G've kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, Page dona during most of working lite, aven if retired) Switch Board Operator Laurel, Maryland U.S.A. 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME Clarence White Evelyn Fisher 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17, INFORMANT Address 5607 Lacka. (Yas, no, or unkown) (Ayesgiva war or datas of servica) 218-05-5180 Mrs Doris Rhoades College Park. Md. 18. CAUSE OF DEATH | Inter only one cause par I ne for (a), (b), and (c), I INTERVAL BETWEEN Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (a) Office DUE TO Cardiovascular renal disease Conditions, if any, which gave rise to immediate cause Ø DUE TO (a), stating the undarlying cremation, PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18, 19, WAS AUTOPSY PERFORMED? 2 NO IX 2Da, EXTERNA, CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of ilam 18.) should I CERTIFIC PRIMARY | or CONTRIBUTING re 3 sho burial, CAUSE OF DEATH. 1 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 2De. TIME OF INJURY Month, Day, Year (County) (Stete) factory, streat, office bldg., atc.) While Not While Hour a.m. thould be forwarded to the FUNERAL DIRECTOR: Pa at work al work Inspection | 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER [ designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER A Dec. 15, 1960 EXAMINER'S DEPUT JAMES I. BOYD should NAME (Npa) Addrass (Streat, clty, town, or county) 228. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Steta) REMOVAL (Spacify) Z40 8 Ivy Hill Cemetery Dec 17, 1960 Burial Laurel Md.

248. REC'D BY REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md. A15ME DATE DEC 2 0 '60 5M 7/59 Callun 9 K

Dugar

### I. PLACE OF DEATH 4. COUNTY birector, Page r your files. Health, MARYLAND b. CITY OR TOWN of outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ö Lanhan Lanham Years d. NAME OF HOSPITAL OR INSTITUTION ( I not in hospital, give street eddress) d. STREET ADDRESS 9109 Third Street refaine 3. NAME OF Middle DECEASED (Type or print) ANN MARIE ROSE 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH age 5 may 1 and 2 will 72 hours Female WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work Page 1 done during most of working life, even if ratired) Pages Clerk - Stees. U.S. Treasury 13. FATHER'S NAME 200 Everett Lee Bono 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unknwn) (Ifvestive weror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: Henorrhage and shock IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which DUE TO (a), stating the underlying 28 plnods 20a EXTERNAL CAUSE WAS PRIMARY DI CONTRIBUTING CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year While factory, street, office bldg., etc.] al work st work TOR: Pa Private Home 21. I certify that I took charge of the remains described above, held an Autopsy forwarded a death resulted from: Natural causes Accident Suicide designated ACTUAL should be for PUNERAL 1 SIGNATURE EXAMINER'S JAMES I. BOYD, M.D. NAME (Type) 22c. NAME OF CEMETERY OF CREMATORY 228. BURIAL, CREMATION, 226 DATE PHEREOF MOVAL (Specier) 40 23. FUNERAL DIRECTOR Wisconsin VS. AISME 5M 7/59

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND RAIMEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Prince Georges c. CITY OR TOWN (If outside corporate lim ts, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? 109 Third Street YES NO TE DATE OF DEATH 1960. December AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday! Months. Hours Min. 10b, KIND OF BUSINESS OR NDUSTRY / 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington, D. C. 14. MOTHER'S MAIDEN NAME Vivian Bulia Thorn Address 4504 Amherst Lane Bethesda, Maryland, James E. Bryan Jr. INTERVAL BETWEEN ONSET AND DEATH Gun shot wounds of chest, abdomen and fight buttock. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0); 19, WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) Shot in bearoom of home by person breeking into house. 20d. INJURY OCCURRED : 20a, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Lanham. Prince Gen.Cty. Md. Inspection . Inquiry ... and in my opinion Homicide -Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER December 18, 1960. Address (Street, city, town, or county) 22d. TOCATION (City, town, or country) (State) 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE DEC 2 3 '60 Outlant & Fr. arthur S. Frank FUNERAL HOME, Ave., N.W., Wash, D.C.



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	14341 CERTIF	ICATE OF DEATH	Reg. Dist. No. 14291
	1. PLACE OF DEATH O. COUNTY N. C. COUNTY N. C.	II a STATE . a f	lived. If institut on Residence before admission) b COUNTY 1
	SURAL and give negrest lawn)  ALIVER - HOS VON	o. Kistspille	ste limits, write RURAL and give nearest target
	d/NAME OF HOSPITAL (IF rolin hospital, give street address) OR INSTITUTION THIN Branch Nultural Home	2410 Wewisde	* IS RESIDENCE ON A FARM? YES NO.
	3 NAME OF DECEASED (Type or print) MADGE	RYCE 4. DATE OF DEATH	Tec ac 1960
	S SEX  6. COLOR OF PAGE 7 MARRIED NEVER MARRIED  FENTLY DIVORCED [	001.1.1883	AGE (In years   IFUNDER 1 YEAR IF UNDER 24 HR   Manths   Days   Haurs   Min
	10a. USLAE OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I during most of working, life, even if fetired)  3. FATHER'S NAME	INDUSTRY 11. BIRTHPLACE (State or foreign co.	12. CITIZEN OF WHAT COUNTRY
,	15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Ver. 10. organization)   Ill yee, give wor or dates of service)	TINFORMANT	erbert Address
-	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	MARY E. MEYER (D	aughter) As above
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cay CIN DMA. 0  DUE TO	F Vagina I Metast	Severalye)
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO  (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  Hypertension, Repeated	Urinary infections	PERFORMED? YES NO
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter agafure of injury in Port I ar Port	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20 White Not white at work at work at work	PLACE OF INJURY (Hame, farm 20f, {City of factory, street, affice bldg , etc.)	or town) (Caunty) (Sfal
	21. I certify that I attended the deceased from	eath accurred at 30£M, from t	he causes and an the date stated above, city or town, state)  DATE SIGNI
	SIGNATURE Stuart L. Melson	A. P. 11 M	2 nue 12-21-60
F	PHYSICIAN'S STUALT NO SON MD.  2291 BURIAL CREMATION   226. DATE THEREOF,   225 NAME OF CEMETE	Takoma Park, M	ON (City, tawn, or county) AState)
1	SEMOVAL (Specify) 1773/60 MM OL	Mas 24g, REC'D BY REGISTR	hington, AC,
1	ralley's France & Home Inc	1, Kainer 27'60	C-21 - 2 +

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4

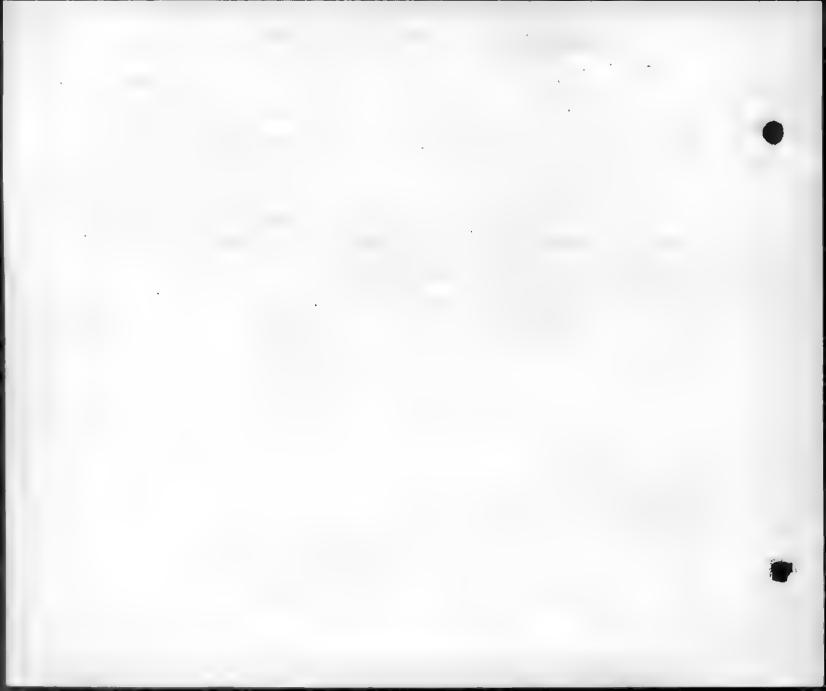
may be retained by the hospital or attending physicion.

D FUNERAL CTOR: After this certificate has been signed by the attending physicion and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, or remayal, and in any event within 72 hoses after death.

TO FUNERAL

VS A15 (4) 15M 9/SB

funeral director, snould be filled with



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM? YES NO P

Year

PERFORMED? YES NO 4

(Stote)

(Stote)

1960

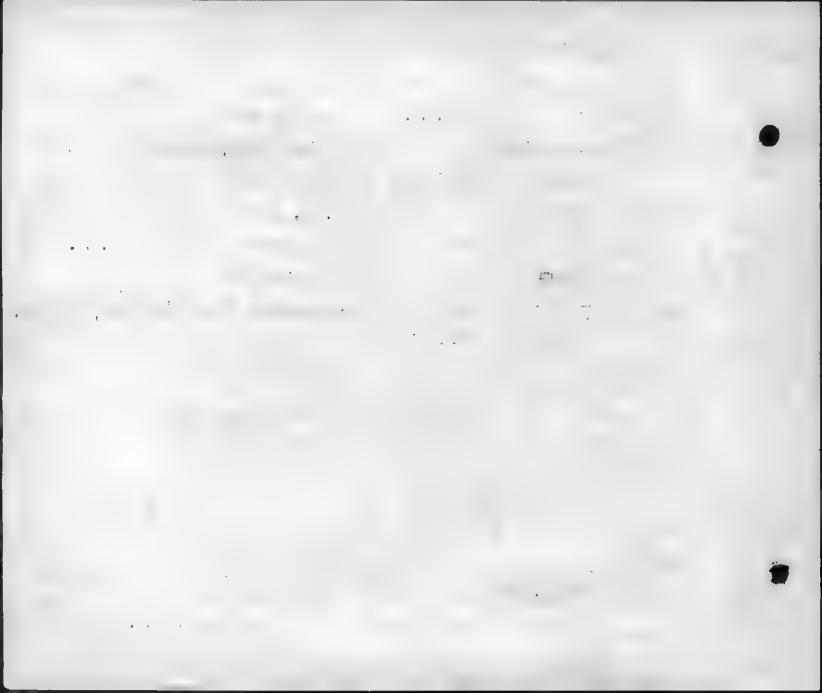
15M 9/5B



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1421 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) s necessary, rector, Page COUNTY Health, Prince George's Prince George's your files. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yo. write RURAL and give neerest lown) Mitchellville Cheverly 4 hours d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital Mitchellville Road Stafe YES NO be retained 2, and 3 to the fund 3. NAME OF Middle 4. DATE Month the th (Type or print) Abraham None Scribner DEATH 12 19 60 with 6 COLOR OF RACE 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with Page 5 may is 1 and 2 will in 72 hours ast birthday) Male Colored WIDOWED [ DIVORCED F uld be executed within 24 hours after In pencil In Item 18. Give Pages 1, 2, an 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratitad) Farm Maryland U.S.A. Farm Laborer pages P.M.3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Edward Scribner Harriette Oden event IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) (Ifyasgivewarordatesofservice) Office along with fast burial-transit permit Louise Scribner Same as #2 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ENERAUZED IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which pending gava rise to immediata cause 40 Examiner's **DUE TO** (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/# 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 blow e cremai ALKUTRITION NO Medical DEHO DRATION sheed 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | forwarded to the Chief Mo L MIRECHOR: Page 2 shi sted agent, prior to burial, CAUSE OF DEATH. the certificate, writing 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TIME OF INJURY Month, Dev. Year (County) (Stete) factory, streat, offica bldg., etc.] While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Inquiry and in my opinion Natural causes X Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL SSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 24/60 DEPUT Dr. James I. Boyd Address (Street, city, lown, or county) 226, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) O 40 9 28 - 60Harmony Memorial Huntsville Δ, Burial 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Washington VS. ATSME DAREC 2 9 '60 5M 7/59

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1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  1 1 97 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1 294
HEALTH DEPT.	1. PLACE OF DEATH  1 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edm ssion)
28/2	e. COUNTY  b. COUNTY
F.P. A. Heal	b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
s nert o o o o o o o o o o o o o o o o o o o	write RURAL end give neerest town) Cheverly D.O.A. Upper Marlboro
Tall and the second	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
tale ath.	/ Prince eorge Hospital Ritchie Road, Box 1800 YES IN NO Day Year
The State of the S	(Type or print) Mary Catherine SELLMAN DEATH Dec 11 19 60
affe affe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
and and may 2 w	Female Negro widowed Divorced Nov. 12. 1960   Nov. 12. 1960   Days Hours Min.
1, 2, 1, 2, 2, 2, 5, 2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	1De USUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ges ges last	None   None   U.S.A.
24 hour Pages PM3. P	
T T T T T T T T T T T T T T T T T T T	Doris Ellis  Jo. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
d High Mark	(Yes, no, or unkown) (Hyesgivewarordates of service)  None  Horace Sellman  Address  Address  Ritchie Road  Horace Sellman  Horace Sellman
A printe	No.  18. CRUSE OF DEATH (Pillar only one cause per line for (e), (b), end (c).  PART I. DEATH WAS CAUSED BY:  Upper Mariboro Maryland INTERVAL BETWEEN ONSET AND DEATH
e exe afon trans	IMMEDIATE CAUSE (6) Pneumonia
ild by fice fice val,	DUE TO
Short and a short	Conditions, if any, which (b) gave rise to immediate cause DUE TO
radin iner d as	(a), steting the underlying causa lest. (c)
Exam Exam Exam Tion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
S S S S S S S S S S S S S S S S S S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES PERFORMED? YES NO A  ZOB. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.
Medical Creek	ZUB EXTERNAL CAUSE WAS  ZUB. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part 1 of Part it of Item 16.7)  ZUB EXTERNAL CAUSE WAS  ZUB. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part 1 of Part it of Item 16.7)
Writing Chief Chief 3 age 3 a to burit	
EXAMINE ale, writing the Chief B: Page 3 rior to burl	ZDc. TIME OF INJURY Month, Day, Year ZDd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m.
Cate of the prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X, and in my opinion
Efapt -	death resulted from: Natural causes XX. Accident, Suicide, Homicide, Undetermined manner
the certification of the certi	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
AL Jare	DEPUTY MEDICAL EXAMINER 12/11/60
DEPUTIONS SHOULD BE FOUNERAL	NAME (Type) / Jemes I. Boyd  Addrass (Street, city, town, or county)
DEPUT	22e. BURÎAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stets)
5 <u>2</u> 4 5 9	Burial 12-15-60 Woodlawn Cemetery Washington, D.C.  23. FUNERAL DIRECTOR ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE
VS. A15ME 5M \$159	JOHN TIPHINES + Ca 3015-INST h.E. DATEDEC 15'60 CONTAINS & Known
12	I COUNT I MANAGED TO THE SOURCE TO THE SOURCE THE SOURC



## 14273

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

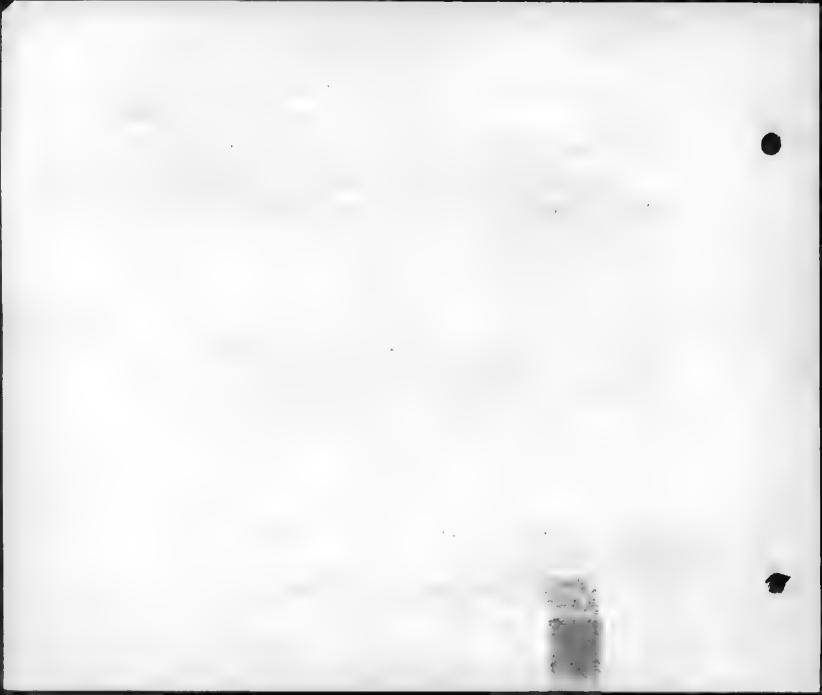
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- 1	dragh	6	J	U)

		PLACE OF DEATH L. COUNTY  Prince George	шинлин	2. USUAL RESIDENCE (Where do STATE	deceased lived. If institution Res	ince debre	_			
	Ь	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	10 CLENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAL	and give nearest town)				
	C	H. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION		d. STREET ADDRESS	Lorn Ave.	IS RESIDENCE ON A FARMY YES NO	?			
		NAME OF First PECEASED Type or print)	MidbliM	mith Su	DATE Month OF DEATH	Day Yeor 1960	<b>一</b> ク			
	5 5	\-  0	OWED DIVORCED D	Pune 1, 188	9. AGE (In years IF) lost birthdoy) Mon	DER TYEAR IF UNDER 24 H				
	10a.	LISUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	SULY 11 BIRTHPLACE (Stole or fo	preign country) 12	CITIZEN OF WHAT COUNTR	1Y7			
	13.	FATHER'S NAME  DENNIS Smit	h	14. MOTHER'S MAIDEN NAME	E					
ľ		WAS DECEASED EVER IN U. S. ARMED FORCES? no, or unknown) (If yes, give wer or dates of service)	THE SECTION OF THE SE	esse Smith	L-Som					
		I I I I I I I I I I I I I I I I I I I	rebral thrombosi	, –		ONS 118 NO SEAT	4			
		DUE TO MU	ral Thrombus sec clusion of right			on 1 week				
		gove rise to immediate couse (a), stating the under-	oronary Arterios	elerotic Heart I	isease	years				
	CATION	PART II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOP: PERFORMED? YES NO				
	CERTIFIC	206 ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	l or Port (Laf item 1B.)					
	MEDICAL	Hour o.m. W	od. INJURY OCCURRED 20e PL hile Not while work ot work	ACE OF INJURY (Home, farm, 2) ctory, street, office bldg., etc.)	Of. (City or town)	(County) (Sic	ole)			
	21 Leertify that (1) (this haspital) attended the deceased from Dec. 12. 1960, to Dec. 19., 1960, that (1) (we) tast saw the deceased alive an Dec. 19. 1960, and that death accurred at 250, from the causes and on the date stated above									
	(	Though Chas gr	0 -	M D ATTENDING MED.	_ STAFF	12 19 IGN				
	4	PHYSICIAN'S RUIN RASS	GREEN W.	D BIOI HRUND	EZ KO MIT.	RAINIERLIET	>_			
)	23a,	BUTTAL CREMATION, 236 DATE THEREOF	232 NAME OF CEMETERY OF	Party 23d	Muarkense	md (State)				
1	24	FUNERAL DIRECTOR'S SIGNALIPE  TO WOODING AT A SOM	ADDRESS 4925 Dogn	Cone IV/PDATE	REGISTRAR 256. REGISTRAR	'S SIGNATURE				

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be repeated by the haspital or attending physician.

D FUNERAL RECTUR: After this certificate has been signed by the attending physician and completely filled in the function of prector. In the please remove corbon papers. Pages 1 give 2 shauld be filed with the State Board of Hearth prior to burial, cremation, ill remarkal, and in any event, within 72 hours after death may be ret TO HOSPITAL

VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND **BALTIMORE 1. MARYLAND** -Item\_9 -1:1mG276 3-60 et 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) Page . COUNTY Prince Georges County files. MARYLAND Prince Georges b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. write RURAL and give nearest town 10 Cheverly Colmar Manor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) . IS RESIDENCE ON A FARM? State Prince Georges General Hospital Newark YES NO TO NAME OF DATE DECEASED OF (Type or print) NANCY CATHERINE DEATH SMITH December With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. age 5 may 1 and 2 wit 72 hours a last burthday Months Hours Temale WIDOWED A DIVORCED Dec. 18. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or fore on country) und be executed within 34 limits after the pencil in from 18. Give Pages 1, 2, Office along with form PM3. Page 3. Amal-transit permit. Ele-pages 1 and 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Whiteville, N. C. Housewife At Home File pages 13. FATHER'S NAME William James McGirt Julia Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPORMANT Address 4203 Newark Street (Yes, no, or unkown) (If yes give we ror detes of service) along with f transit permit Mrs. John W. Bright, Colmar Manor, Maryland, None None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (a) burial-h Office DUE TO (b) Cardiovascular renal disease "pending" gave rise to immediate cause Examiner's DUE TO (a), stelling the underlying nseq PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? e the certificate, writing the word Cremai forwarded to the Chief Medical L DIRECTOR: Page 3 should b NO DO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of stam 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) factory, street, office bldg., etc.) Not While Hour a.m. et work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 17. Inquiry X and in my opinion death resulted from. Natural causes III. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) December 3, 1960. EXAMINER'S JAMES I. BOYD, M. D. NAME (Type) DEPU 22a. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMÉTERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Wilmington, North Carolina, 0 <u>0</u> 4 0 Burial Sea Gate Cemetery 23. FUNERAL DIRECTOR 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DEC 8 W. W. CHAMBERS CO.. arthur S. Kraus Riverdale, Maryland, 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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TE MORPITAL OR ATTENDING ENTRICIAN: The law requires that the death certificate he exemuted within 21 hours after death. Hagm 4	may be record by the haspital ar attending physician.  TO FUNERAL ARCTOR: After this certificate has been signed by the attending physician and campletely filled in funeral director,	page 3 shauld be detached for use as the burial transit permit. Then please remove carbon pagers. Pages 1 and z shauld be filed with	the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 heury offel death.	
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142	75	CERTIFICA	ATE OF DEATH		_1	14.234
PLACE OF DEATH	e George†s	MARYLAND	2 USUAL RESIDENCE (W	here deceased lived If and b. Co	institution Residence DUNTY Prince	e George s
b. CITY OR TOWN (If autoid RURAL and give regrest to Cheverly	e carporate limíts, write awn)	2 days	c. CITY OR TOWN (IF	autside carporate limits, urg	write RURAL and g	ive nearest tawn)
or institution Prince Geo	at in haspital, give street rge is Genera	-	d STREET ADDRESS	Place		e. IS RESIDENCE ON A FARM? YES NOLD
NAME OF DECEASED (Type or print)	First Charles	Middle	Spriggs	4. DATE OF DEATH	Month ecember	Day Year 13 19 60
Ma <b>èe</b>	Colored wipow			9. AGE (In last birt) 62	thday) Manths yrs.	1 YEAR IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Girduring most of warking life Truck driv	, even if retired)	KIND OF BUSINESS OR INC	MAR	YLAND	12 CITI2	USA
FRANCIS	SPRIGO	<del>-</del> 5	MARY	A. HE	NRY	
15 WAS DECEASED EVER IN U (Yes. no. or unknown (If yes. g	S ARMED FORCES? 16.	14-05-27-10 N	175. ISA DE 4E	R. HAMILT	Address	TIV.W. D.C
18. CAUSE OF DEATH [F	CAUSED BY	ne for (a), (b), and (c) ] onchopneumoni	a			interval between onset and death 24 hour
Canditians, if any, wi gave rise to immedi cause (a), stating the <u>un</u>	ate CHE TO	rulent Mening	itis (organism	undetermin	ned)	48 hour
Iying cause last.  PART II. OTHER SIG	) (c)	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	IINAL DISEASE CONDITION	ON G VEN IN PART	1(c) 19 WAS ALTOPS PERFORMED? YES NO
200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	ERLYING TO 205. DES USE OF DEATH AL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II of item	18)	
20c. TIME OF INJURY Mo Haur a.m. p. m.	While		PLACE OF INJURY (Home, fari factory, street, affice bldg., at	n. 20f. (City or town)	(C	Caunty) (Stat
21 <b>I certify</b> that (I) saw the deceased a		ded the deceased from	death occurred as 1	5 MP North the caus	13 19.6 ses and on the	O. that (I) (we) la
220 SIGNATURE	Como	r, M.D.	M D PHYS L	AED. STAFF		12-14-60
22c PHYSICIAN'S NAME (Type)	r. Chas. Da	vid Connor •M•I	22d ADDRESS	5813 Landov Cheverly, M	er Road,	
REMOVAL (Specify)	6.17,1960	23c, NAME OF CEMETERY CARVER MEM	LORIAL PARK	VASH-BA	LTIMORE	BLID-MI
24. FUNERAL DIRECTOR'S SIGN	obuson	-1313-6 459	M. W. D.C. DATED		6 REGISTRAR'S SIG	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution; Residence before admission) 1. PLACE OF DEATH Page e. COUNTY Health, b. COUNTY irector, Fe. Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Limits, write RURAL and give neerest town) write RURAL and give neer town) 77 **Avattsville** D.O.A. Alexandes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RES DENCE ON A FARM? be retained the State 1954 Oak Drive YES TO NO IX Leland Mem. Hospital 3. NAME OF Midd e 4. DATE Month DECEASED (Type or print) George Thornton STANTON DEATH Dec 1960 with 6. COLOR OR RACE 7, MARRIED K NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. 2 wiff and 2 wil ast birthdey! Hours pue Male White May 1900 WIDOWED T DIVORCED -10e. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages Jane done during most of working life, even if retired) Pages Metro. Police Dent Policeman (Ret) U.S.A. West Virginia P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Phillip Stanton Unknown <u>e</u> 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ( (Ifyesgive werordeles of service) Yes Ethel P. Stanton (Wife) Same as 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] Office along w burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Massive Abdominal Hemorrhage IMMEDIATE CAUSE (e) DUE TO removal, Rupture Splenic Vein geve rise to immediate cause 60 DUE TO (a), stating the underlying Trauma of Fall cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 1) 19, WAS AUTOPSY PERFORMED? 2 Advanced Cirrhosis and Portal Hypertension NO F Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | Accidental Fall 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stafa) ese execution to the Chirchold be forwarded to the Chirchold by Puneral DIRECTOR: Page fectory, street, office bldg., etc.) Not While Hour a.m. Hvattsville.PrinceGeorge.Md. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection M. Inquiry 14 and in my opinion Accident K death resulted from: Suicide Homicide | Undetermined manner Natural causes CH EF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED THE STREET OF THE STREET DEPUTY MEDICAL EXAMINER 12/20/1960 EXAMINED'S James I Boyd plnous NAME (Type) DEPU Address (Street, city, fown, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) Arlington National Cemetery Arlington, Virginia. 40 8 24e. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Mome Alexandria, Va. arilun & France 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

## AND

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14276 DIVISIO	MARYLAND STATE DEPARTMENT OF HEALTH N OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYL CERTIFICATE OF DEATH
ATH	2 USUAL RESIDENCE (Where deceased lived

1.	PLACE OF DEATH O COUNTY				- [	2 USUAL RESIDENCE (Wh	ега фесераес		on Residenc	e before adm	ssion)
		nce George	is	MARYLAI	ND	o. STATE Maryland		b COUNTY	Drino	e_Caor	vo.1.6
	b. CITY OR TOWN (IF		ts, write	c LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL ond g	ive nearest to	Wn)
/	Cheverly	prest lown)		1 mo. 15 d	278	775 1 1 amon at	272	1.3. 1	m.		
9	d. NAME OF HOSPITA	is (If not in haspital, s	ive street		- CJ	d. STREET ADDRESS	H er	nts	-	a IS R	ESIDENCE
/	OR INSTITUTION				- !!				1	ON	A FARM?
-		rge's Gen			11	5926 <b>27th</b>	Avenue			152 [	NO □
3	NAME OF DECEASED	Fie	st	Middle		Last	4. DATE OF	Mar	ith	Day	Yeor
	(Type or print)	Erne		Benjamin		Stine	DEATH	Decer	ber 2	6	19 60
S	. SEX	6 COLOR OR RACE	7. MARR	RIED NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	TYEAR IF UN	DER 24 HRS
	Male	White	WIDOWE	ED DIVORCED [	$\Box \mid_{\beta}$	ian. 16. 1905		SE Yes	Test Ottill's	odys Hour	Petari
10	O USUAL OCCUPATION	N (Give kind of work	done 10b	KIND OF BUSINESS OR I	NDUS	IRY 11. BIRTHPLACE (Stote	or fareign co	ountry)	12, CITI2	ZEN OF WHAT	COUNTRY?
		dge Oppera		St. of Md.		Maryland			T	J.S.A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			3.01.4	
	Daniami	m China				Mania	F	3.1			
19	WAS DECEASED EVER	n Stine	CES2 14	SOCIAL SECURITY NO	17 HN	Maria L.	rurre		PROW I .	h.	
- 6	(es, no, or unknown)	fiyes, give wor or dates of s	etatce)	1				5926 △dd			
-	No			77-28-3574		rs. Ann C. St	line -	Hiller	est le		
1			ouse per lit	ne for (a), (b), and (c)		/				INTERVAL	D DEATH
41.		H WAS CAUSED BY: IMMEDIATE CAUSE (c	1)	Carcen	4	a large	-k			7	n.,
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	gove rise to im	mediate (									
	lying couse lost	) (c	1								
2	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	1(o) 19 WA	AUTOPSY
ATA.											ORMED?
Ì	20a ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED	(Enter noture of injury in f	Part I or Par	t It of item 18.)			
CEDTIEICATION		CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye				CE OF INJURY (Home, farm ory, street, office bldg., etc.		or town)	(C	ounty)	(State)
247	Hour o.m.	19	While of wor	Not while			1				
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	22a. SIGNATURE	a dive unI	300-2	OLLL 17 DU and In	iar ai	eath accurred 10.3(	MADIN SHIT	the causes ar	ia an the		22b. DATE
	/	AT-		- hay	١.	ATTENDING ME	D. RECTOR	STAFF PHYS 🔂			SIGNED
	22c PHYSICIAN'S	20 000	2	oc noi C	- W		KECTOR L	PHIS IN		2-27-6	U
	NAME (Type)	Dr. Gnas.	Davi	id Connor, M	•U•	5013 Land	lover	Rd. Chev	erly,	Md.	
2	3a BURIAL, CREMATION	V, 236 DATE THEREO	OF.	23c NAME OF CEMETE	RY OF	CREMATORY	23d LOCAT	TION (City, lown,	or county)	(51	ote)
	REMOVAL (Specify) Burial	12/30/19		Holy Ghost			der			(5	
2	FUNERAL DIRECTOR'S		1 -	ADDRESS &	7 /		D BY REGIST		yland ISTRAR'S SIG	NATURE	
	Nicker-T	+ Tre and	.07	11. 126.	1/2	DATEDE(			" in 8 !		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be an explored by the hospital ar attending physician.

TO FUNERAZ SIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages: Pages 1 and 2 shauld be filled with the litate 80ard of Health priar to burial, cremation, ar removal, and event, within 72 haurs after death.

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Page 4	firector, ed with	
5 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 Sp. may be red by the hospital or ottending physicion.	TO FUNERAY STRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	
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55 TO HOSPITAL OR ATTENDING PHYSICIAN: The law req	TO FUNER A CHRECTOR: After this certificate has been signed by the attending physician and campietely filler page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	
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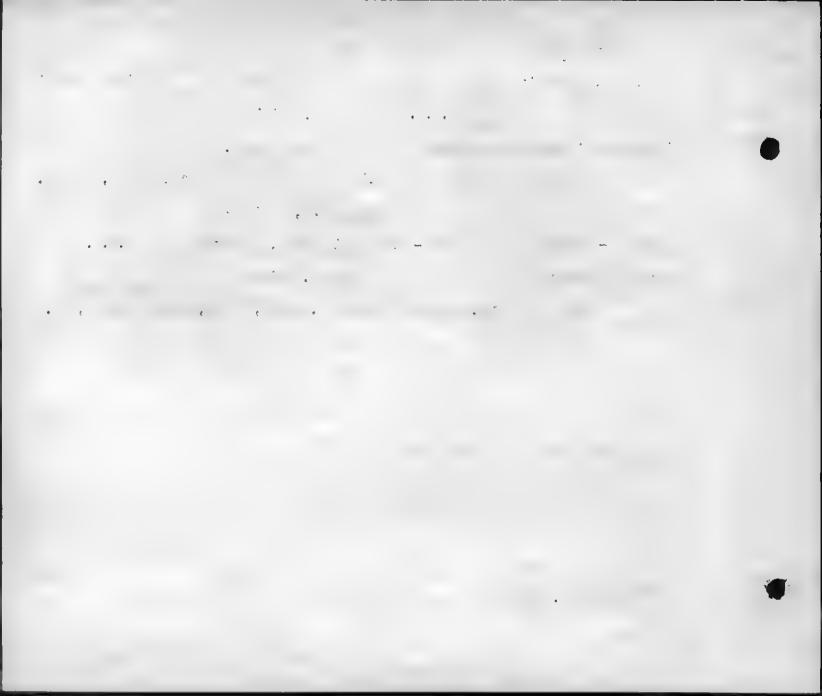
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When	re deceased lived If institution: b. COUNTY	Residence before admission)
Prince Georges C	Ounty MARYLAND	Maryl		Prince George
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		Iside corporate limits, write RUR/	
Cheverly	7 days	Cheverly		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges Genera	l Hospital	2811	6hth Avenue	YES NO
3 NAME OF First DECEASED (Type or print)	Middle	6031	4 DATE Month OF DEATH 7 0 /0 //	Day Yeor
5 SEX 6 COLOR OR RACE 7. MARI		DAJE OF BIRTH	9 AGE (n years IF	UNDER 1 YEAR IF UNDER 24 HRS
The Court of the C		* *-	lost birthdoy) N	Aonths Days Hours Min
Female White WIDOW	Call Call	11/10/189	61 7"	To conserve and the second server
10a. USUAL OCCLPATION (Give kind of work done 10b. during most of working life, even if retired) Vete	KIND OF BUSINESS OR INDUST		foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary Vete	rans Amainistr		ington D C	U S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
William Busey	•	Eva Young		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, INF	ORMANT	Address	1
(Yes, no, or unknown) (If yes, give wor or dates of service)	Gon	mma William	Culliana Cha	aramia Ma
no		rge William	Sullivan one	verly Md.
18 CAUSE OF DEATH [Enter only one couse per ti	ne for (a), (b), and (c)-)	1	1 70	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	damen al C	aranem	atools "	
175.0 DUE TO				
Conditions of any subject 1	Maria Pa	1 Clarks		
gove rise to immediate	Vacuur Ca	COMMIT		
couse (o), stoting the under-				
lying couse lost. ) (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ald sease condition given	I IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	rt f or Port II of stem 18.)	
\$ 20c TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e PLAC	E OF INJURY (Home, form,	20f (City or town)	(County) (State)
20c TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19 of war	INDI WILLIE	ory, street, office bldg., etc.)		
p. m.	rk ot work	<i>i</i> ,		
21 I certify that (I) (this hospital) attend	ded the deceased from L	CF 1 196	Q. 10 NOV Z	. 19_6 (1) (1) (me) lost
saw the deceased alive on 1277 2	= 19.60 and that de	oth occurred at	A, from the couses and	on the date stated above.
226_SIGNATURE	11			22b DATE
Hans 11. (no	elson, M	D PHYS. DIRE	STAFF	21 SIGNED
22c PHYSICIAN'S		22d. ADDRESS		101-11
NAME (Type)		940-25	-11 SV m 111	11/2-6 100
Harry N Carlton		11000	11 11 1 C.W.	
230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c, NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City, town, or o	county) (State)
Burial Dec 6. 1960	Ft Lincoln C	emetery	Colmar Manor	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
F. Gasch's Sons Hyat	tsville Md.	DATE	7 160 17 11	1 h h

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH irector. Per cour files. e. COUNTY e. STATE **b.** COUNTY PRINCE GEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporate fimits, write RURAL and give neerest town) write RURAL and give neerest town] D.O.A. CARMODY HILLS OBSIDIVED STATE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? CARMODY HILLS YES NO retained he State GEORGE'S GENERAL HOSPITAL NAME OF First Middle 4. DATE 3 to the ihe (Type or print) DEATH after MALLIEW TATT JOSEPH 1960 With AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH .7. MARRIED NEVER MARRIED 2 with age 5 may 1 and 2 wil 72 hours last birthday) and Months | Days Hours MATE WIDOWED DO DIVORCED JUNE 19 hours after 10a. USUAL OCCUPATION (G ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) S 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if relired Pages PATAMER U.S.A. CONN. pages PM3. J3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Mary GEORGE TAFT UNKNORN 9 form IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown); (If yes give wer or detes of service) with CLARENCE SAME AS #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion pencil IMMEDIATE CAUSE (a) Office DUE TO burial removal. Cardiovascular renal disease Conditions, if eny, which (b) gave rise to Immediate cause 60 Examiner's DUE TO (e), stating the underlying 5 cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY CERTIFICATION Medical Ex PERFORMED? ете! NO XX pinous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 2De, EXTERNAL CAUSE WAS 5 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing ) e Chief / Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) age of (County) (5lete) fectory, street, office bldg., etc.) While Not While Hour e.m. 45.2 el work at work prior Inspection X. 21 I certify that I took charge of the remains described above, held an Autopsy | . Inquiry | -4 and in my opinion 2 0 forwarded ! death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S DEPU. should BOYD, M.D. NAME (Type) JAMES Address (Street, city, town, or county) 226. BURIAL, CREMATION, 1 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) .1960 Cedar Hill Burial 40 6 Cemetery Suitland. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME DEC 2 9 '60 Lee.Funeral.Home. 300.4th.st 5M 7/59

MEVIAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) is net.
director. Power files. e. COUNTY b. COUNTY Prince George's Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate I mits, write RURAL and give neerest town) write RURAL and give nearest town) Mt. Rainier D.O.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 3358 Chillum Rd. YES NO K 3. NAME OF Middle 4. DATE (Type or print) FRANCES THOUR. DEATH AGNIES December 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Female WIDOWED [ DIVORCED [ August 25, 1913 IDe USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife - Cashier At Home - C&P Kingsport, Tenneesee pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Bernard Moats Ada B. Trimble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? LAS POPIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) ((fivesgivewerordalesofservices)) Mount Rainier, Md. Arthur J. Tholl. Road. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (+) DUE TO Conditions, if env. Which gave rise to immediata ceusa **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO weckasis 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I or Part II of Item 18.] PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, offica bldg., atc.) While Not While at work at work F P 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 📉 Inquiry 🎉 and in my opinion 0 AED.
Ite the careful forwards.
DIRECT of agent, p Suicide | + death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATUR! DEPUTY MEDICAL EXAMINER AN NAME (Type) | James I. Boyd Address (Streat, city, town, or county) DEP 224. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME Certhun L. Kroup 5M 7/59



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 14290Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY \_a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) MOUMY MLNAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE .d. STREET ADDRESS ON A FARM? YES NO F DATE OF DEATH NAME OF 4. First Middle Month Day Yeor DECEASED (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED TYNEVER MARRIED 9. AGE (In years lost birthdoy) Months DIVORCED WIDOWED [ 10a USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY / during most of working life, even if retired) BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 00-1 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) DUE TO 47 0 :45 Conditions, if ony, which RIPFIDSC gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO SLON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18)

20c. TIME OF INJURY Year

20d. INJURY OCCURRED While Not while

20e PLACE OF INJURY (Home, form, 20f. (City or fown) foctory, street, office bldg., etc.)

(Stote) (County)

21 I certify that I attended the deceased fram alive an

SIGNATURE

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- 30, 196 4hat I last saw the deceased and that death accurred a \$\frac{1}{2} \int\_{\text{PM}} \end{area} from the causes and on the date stated above

DATE SIGNED

ADDRESS (Street, city or town, state)

PHYSICIÁN'S NAME (Type) 220 EUR AL CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

LOGATION (City,

(Stote)

PUNERAL DIRECTOR'S SIGNATION

24g REC'D BY REGISTRAR DATES 1 424b, REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/5B

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CERTIFICATE OF DEATH

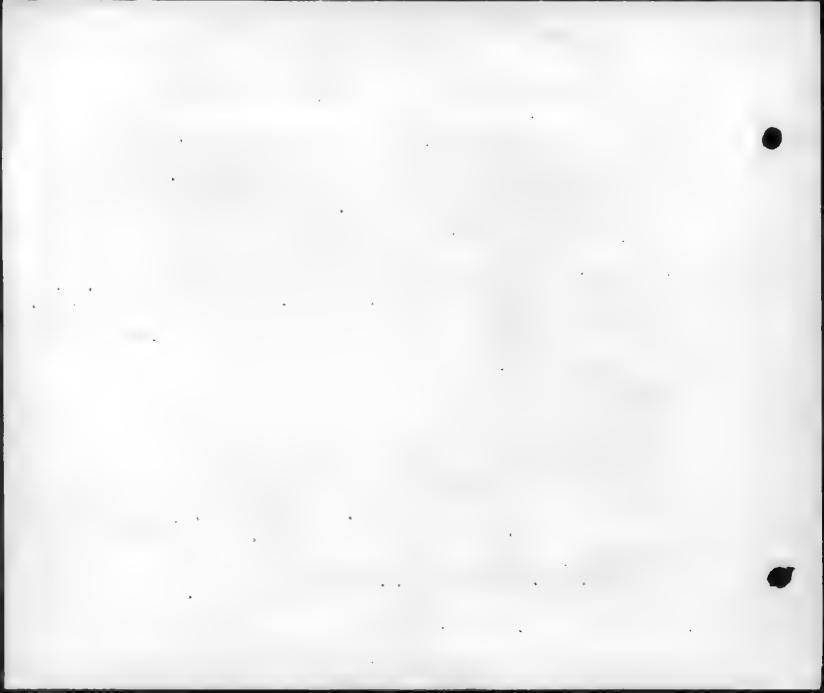
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	b CITY OR TOWN (If RURAL and give nea		ils, write	c LENGTH OF		c	Takoma Pa	autide carpo L'K	rate limits, write R	URAL and	give nec	rest low	1
-	Cheverly	I (If not in harmfal a	nive street		ays	-	d STREET ADDRESS				-	e IS RES	SIDENCE
	OR INSTITUTION	eorge Gene	_			'	708 Phila	delphi	la Ave.,			ON A	NO A
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	Housewife	ng lite, even it tetited	De De	omestic			Ohio				US	A	
13	. FATHER'S NAME	··				14.	MOTHER'S MAIDEN	NAME		-			
	William Ru	ader					Maria ?						
15	WAS DECEASED EVER			SOCIAL SECURIT	Y NO 17, I	NFORA	MANT		Add	1622	Wash	. 28	, DC
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CERT FIN	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b DE	SCRIBE HOW INJU	JRY OCCURRI	ED. (En	ter nature of injury in	Port I or Par	t II af item 18.)				
N N	20c. TIME OF INJURY	Manth, Day, Ye	ear 20d	INJURY OCCURRE			OF INJURY (Hame, form		y ar tawn)		(County)		(State
MEDICA	Haur a.m.	19	While	Nat while	_   fe	actory,	street, office bldg., etc	c.)					
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		d alive anD	3C. 2	2319_60,	and that	death	accurred aB	gy, from	the causes a	nd on th	ie date		
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	22c PHYSICIAN'S NAME (Type)	Dr. Chas.	Davi	d Connor	M.D.		22d. ADDRESS	4	andover	Dand			
	- Transfer		200.12	- OUTHOL	,		ch	everly	Zalidovei Zalidovei	noau,	) 		
23	BUSIAL, CREMAT ON		OF /	23c. NAME OF	CEMETERY (	OR ÇRE			HON (City) Joyan,	ar county)		/ (Sta	اار) ا
1	JUNE (Specify)		1/60	1 Cook	an i	H.	cell	Su	ullan	el 1	my f	1 7	nd
24	FUNERAL DIRECTOR'S	SIGNATURE	5	ADDRESS,	1900		250 REC			ISTRAR'S S	IGNAŤU	IRE	
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may be re by the hospital or attending physician.

D FUNERA CTOR: After this certificate has been signed by the attending physician and campletely filled in permit page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 7 should be filed with the State Board of Health priar to buriol, cremation, ar remaval, and in any eventuality 72 hours after death ATTINDING EHYSICIAM: Tile tom requires that the death certificate be mxmmutal within 24 hours after death. Page m

TO HOSPITALE TO FUNERA VR A15 (4) 15M 9/59

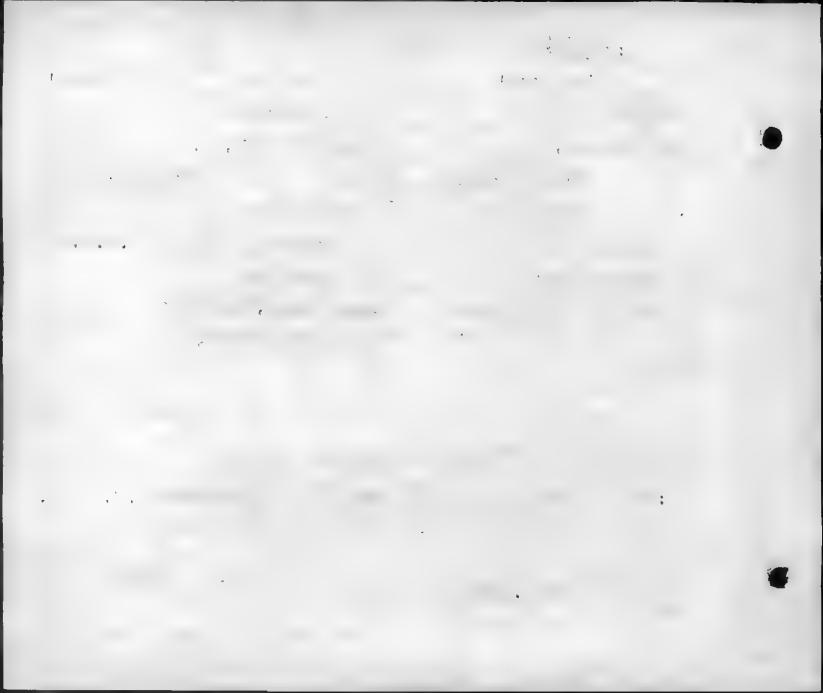


MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission ector. P. cour files. Health, a. COUNTY b. COUNTPrince George's Prince George's Maryland MARYLAND b. CITY OR TOWN ( f outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) I c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Fletchertown Metchertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Box Bowie. Md Bowle. Md. refained State YES NO [ NAME OF Middle 1 4. DATE DECEASED alker 1960 (Type or print) Sherrell DEATH December Joseph with 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SEX DATE OF BIRTH 5 m and 2 w may last b #hdey) WIDOWED [ DIVORCED January 21 IDe. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages None Maryland pages PM3. 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sierrell Walker
WAS DECLASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sarah Savoy Address (Yes, no, or unkown), (Ifyes give wer or detes of service) Sherrell Walker. Same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Universal charring burns of the body IMMEDIATE CAUSE (e) DUE TO Conditions, if priv. which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 The certificate, writing the word Medical NO plnods 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury In Port I or Pert I, of Item 18.) PRIMARY Tor CONTRIBUTING Occupant of house that burned down CAUSE OF DEATH. Chief J 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Yeer (County) (State) corwarded to the Chi (ectory, street, office bldg., etc.) 0 While Not While el work Home Fletchertown Md. el work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4. Inquiry | and in my opinion death resulted from: Natural causes Accident -Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER [ designated **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE EXAMINED'S please ex 4 should to O FUNER James I. Boyd DEPU NAME (Typa) Address (Street, city, lown, or county) 220. BUR.AL, CREMATION. 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State) 0 24b! REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH

PRESTON STREET, BALTIMORE 1, MARYLAND



VR A15 (4) 15M 9/59

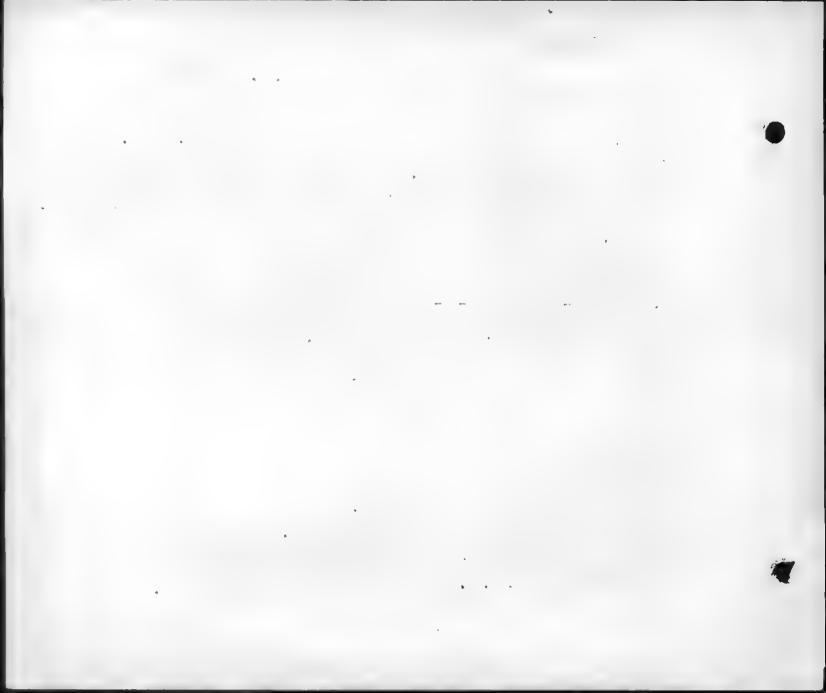
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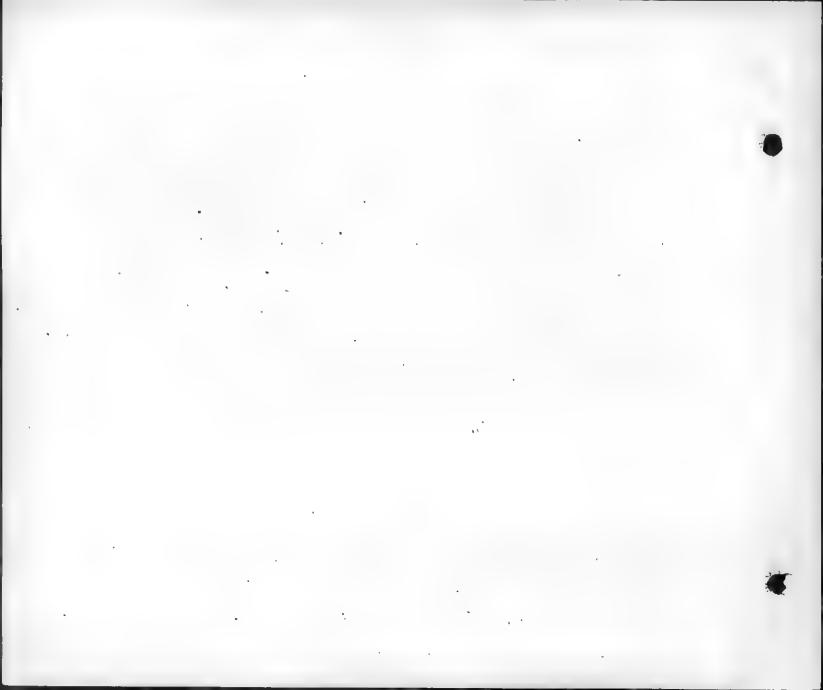
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 14343

**CERTIFICATE OF DEATH** 

143.6

	PLACE OF DEATH  o. COUNTY  Dre	ince George	S	MARY		USUAL RESIDENCE (	(Where decease	d lived. If institut b. COUNT		dence befo	re admissi	ion)
١.		outside corporate limit arest town)		6 days	IN 16	c. CITY OR TOWN (	ashing		RURAL o	nd give ned	F 7	×
	A NAME OF HOSPIT	AL (If not in hospitol, gi enn Dale Ho	spit	oddrasi		d. STREET ADDRESS		ton Pl.,	N. 1	N.		IDENCE FARM? NO []
	NAME OF DECEASED (Type or print)	Arden		Middle L.		Waller	4. DATE OF DEATH	Mo 1		1	" [	rear 19 60
5	Female	6 COLOR OF RACE Negro	7. MARI WIDOW	RIED NEVER MARRIE		DATE OF BIRTH	1	9. AGE (In years lost birthday) 19 yrs	Month	DER 1 YEAR	Hours	R 24 HRS Min.
	USUAL OCCUPATION during most of work  Stenogr FATHER'S NAME	ing life, even if retired)		kind of Business of deral Commun	nicat:		ginia	country)	12 (	USA	F WHAT C	OUNTRY?
1_	James W	aller					red Dic	kson				
		R IN U. S. ARMED FORCE If yes, give won or dates of se		577-56-4971		RMANT Decedent		Ad	dress			
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CAT	20a. ACCIDENT WA			CRIBE HOW INJURY O							PERFO YES []	NO 😾
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	saw the deceas 22a SIGNATURE 22c PHYSICIAN'S	edvalive an_ 12	N.	iss		ATTENDING	MED DIRECTOR X	STAFF PHYS	nd on		stated	
236	NAME (Type)  BURIAL CREMATIO	Moe Weis		23c NAME OF CENT	ETERY OR C	REMATORY (		Dale, M			(Stot	e)
24	FUNERAL DIRECTOR	1.2-2- S SIGNATURE	6	1425 Mic	The Car	" la Cl	DEC 5	TRAR 256 REC		SIGNATU S. Flins		ges





		14281	OF STATISTICAL	RESEARCH A	ND RECORDS — BAI	LTIMORE 1, /			-	143	1.8
1	d. COUNTY Prince	Georges		MARYLAND	2. USUAL RESIDENCE ( o. STATE Maryla:		b. COUNTY	on. Residenc			1)
	b. CITY OR TOWN (II RURAL and give no Cheven	f outside corporate limits, varest town)	vrite c. LENGTH OF		47 Mt. Ra	If outside corpo					
	d NAME OF HOSPIT OR INSTITUTION Prince	Al (If not in hospito), give	street address)		street address 3507	Bunker	hill Road	i	ė	ON A FA	
3.	NAME OF DECEASED (Type or print)	John		Middle	Waters	4. DATE OF DEATH	Mon	nıb er	Doy 3	Yeo	-
5	. sex Male		MARRIED NEVER	MARRIED	6. DATE OF BIRTH 5 Feb 188	4	9 AGE (In years lost birthday) 76 yrs.	Months	Days	Hours	24 HRS. Min.
10	during most of work  Retired	ON (Give kind of work don king life, even if retired)	Plane, a	less or indu	Baltin	ote or foreign of	mel.	12 CITIZ	ENOF	WHAT COL	JINTRY?
13	Fuller Jules	Wate	rs		Que a	N NAME St	iono	sh	ur	,	
15	S. WAS DECEASED EVE	R IN U. S. ARMED FORCES		TY NO. 17	FORMANT	121	Addi	ess			

INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one couse per (b), and (c) DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES, NO |

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

23b

(If yes, give war at dates of service)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18)

CERT ! (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year

Hour o.m.

20d INJURY OCCURRED Not while at work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(Stote) (County)

p. m.

Dee. 19 60 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 10-12-511. 1960, and that death accurred a LOMI fram the causes and an the date stated above. saw the deceased alive an

22e SIGNATURE

While

ATTENDING M.D. 22d ADDRESS MED DIRECTOR [

22c PHYSICIAN'S NAME (Type)

230 BURIAL, CREMATION

REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

(City, town, or county

25g REC'D BY REGISTRAR DEC 160 DATE

256 REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

TO FUNERA page 3 sh the State !

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DIRECTOR:

burial, crematian,

by the haspital ar attending physician

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hours after death

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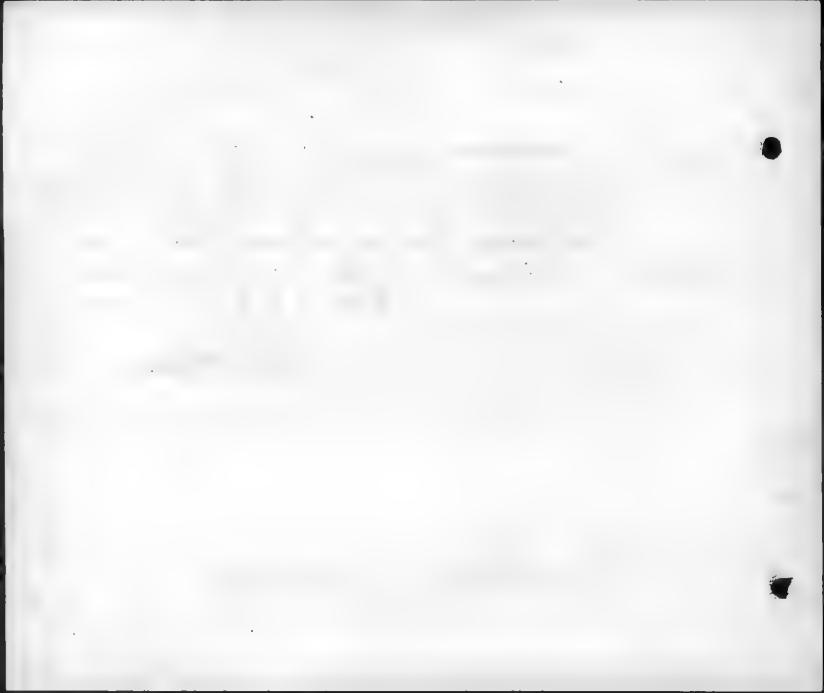
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v

requires that the death certificate be executed within 24 haurs after death. Page



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14909

Lee Funeral Home

14303

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:n 24 hours after death. Page 4 funeral director, mould be filed with may be rety by the hospital ar ottending physician.

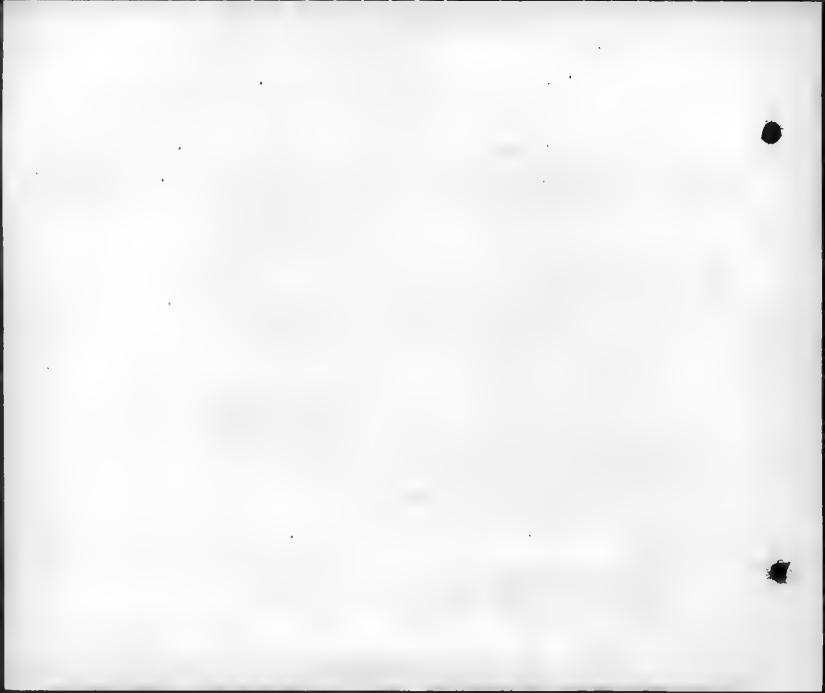
2 FUNERAL DESCROR: After this cert frcate has been signed by the ottending physician and completely filled in by page 3 should be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and when State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death. moy be refer TO FUNERAL L VR A15 (4) 15M 9/59

11606				
1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Wh	ere deceosed lived. If institution	on: Residence before admission)
Prince Georges	MARYLAND	Maryl	and b. COUNTY	rince Georges
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RL	JRAL and give nearest town)
Cheverly	26 days	Brent	wood	
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION		d STREET ADDRESS		e. 15 RESIDENCE ON A FARM?
Prince Georged Gene	ral Hospital	1,302	Monroe St.	YES NO
3. NAME OF First DECEASED	Middle	# Last	4. DATE Mont	h Day Year
(Type or print) A-DA Ara		Watts	Dec.	18 1960
5 SEX 6. COLOR OR RACE 7. MA		B DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
L'emerca Mitros		June 17,187		
10a. USEAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6 KIND OF BUSINESS OR INDU	· ·	**	12. CITIZEN OF WHAT COUNTRY?
None		Alexandr	ia, Va.	U.S.A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
)John Henry Goings		Louise C	ogan	
)6. WAS DECEASEDEVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17 IN	NFORMANT	Addr	1985
NO NO	None H		ley-1332-A.	st S.E.
18 CAUSE OF DEATH [Enter only one cause per	ling for (o), (b), and (c)-]	(Nephew)	-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Coron ary	took !	~	ONSET AND DEATH
A DUE TO		1		7 - 6
Conditions, if any, which)	- 7 - Aug.	111 to	<i>I.</i> .	X J Baly
gave rise to immediate (	1/100	Al your	11	
cause (a), stating the under-   lying cause last.   (c)		1		
	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITION				PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DO OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 1B }	1 1 1 1 1 1
(IF EITHER, NOTIFY MEDICAL EXAMINER)	let at thomas	100, V3 11,	12	
	all to	ACE OF INJURY (Hame, farm ctary, street, affice bidg., etc.	, 20f (City or town)	(Caunty) (State)
	le Nat while ork of wark	Harren	Here & MONNE	e SIM THY X14
21. I certify that (1) (this hospital) offe	nded the deceosed from	Mor. 12	180. to del 18	, 195, that (I) (we) lost
sow the deceased alive on Dec	19 Qu and that a	death occurred 20	MI from the couses and	d on the date stated above
220. SIGNATURE		ATTENDINGM	CTAEE	22b DATE
The man it was	Gully,	M.D. PHYS	RECTOR PHYS.	1/4 8 - 6
22c PHYSICIAN'S MAMERTYPHY M CAAS	TREENIN.	> 22d ADDRESS	102 Ks/	1- KHINCH A
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, o	or county) (State)
Burial 12-21-60	Ivy Hill		Alexandria	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g REC'		STRAR'S SIGNATURE

Washington D.C.

DATE DEC 21 '60

Ci in & Frank



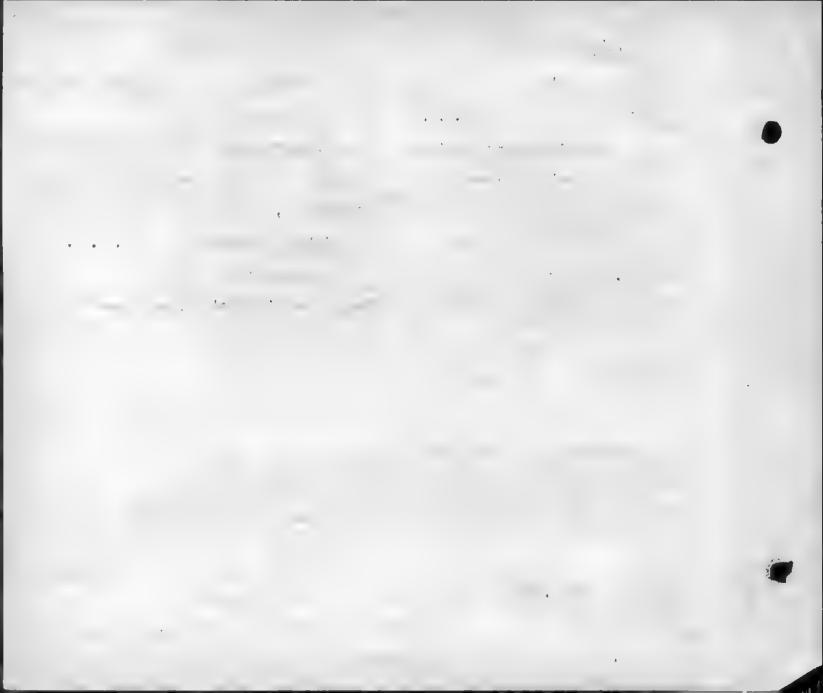
CERTIFICATE OF DEATH 14225 Rea. Dist. Na. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) a. COUNTY & b. COUNTY RINCE GEORGES MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give decrest town) MAINIER d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE **OR INSTITUTION** ON A FARM? 4204-34 4204-3474 YES NO 17 NAME OF Middle Month DECEASED (Type or print) MES DEATH DECEMBER 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months DIVORCED K WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during glost of working life, even if retired) US NORTH CAROLINA LUMBER 13. FATHER'S NAME HORATIO VICTORIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SARAHV. HRMSTRONG 4204-347 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) SUFFOCATION (ASPINYXIATION) MINUTER **DUE TO** ATION OF GASTRIC CONTENTS Conditions, if any, which gove rise to immediate couse (o), stating the under-FREBRAL VASCLAAR HELIDENT, THROMBOSIS MEEKS lying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? IOSLLEKOSIS, CHRONIC PULMONITY CAIPMYSEAR YES IN NO K 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not while at work Ol work 21. I certify that I attended the deceased from Nov. 2 DCC. 5 , 1965, that I last sow the deceased 1960, and that death occurred at 8 A.M. from the couses and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) HAYDEN CEMETER 1LIHSAMA-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) DEC 5 '60 But & Flores

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

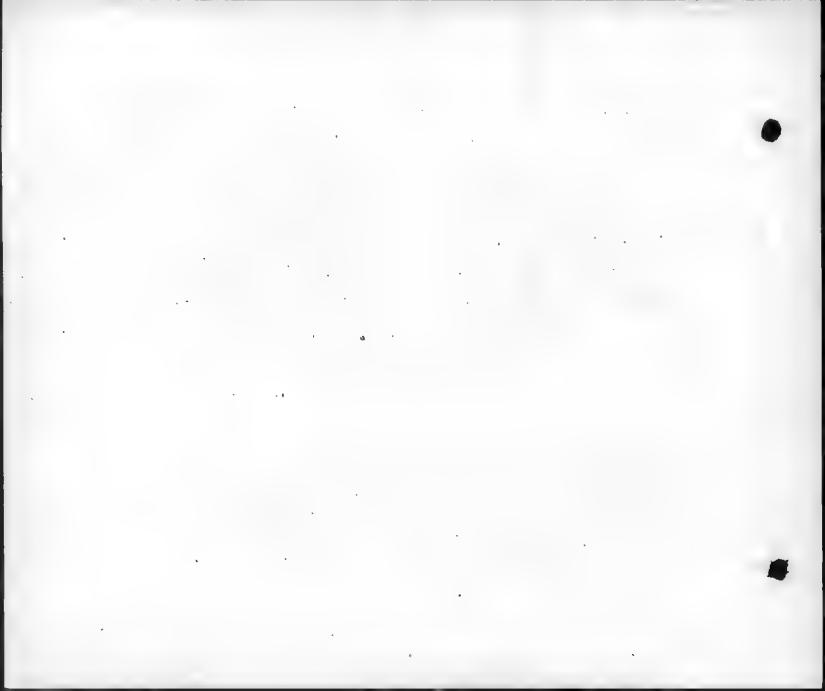


Division of STATISTICAL RESEARCH AND CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND S'MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) m. COUNTY a. STATE b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporata limits, write RURAL and gave nearest town) write RURAL and give nearest town) Cheverly D.O.A. Camp Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straal addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5202 Stanhaven Road retained he State Prince George's General Hospital YES TO NO X 3. NAME OF 4. DATE Month DECEASED (Type or print) James DEATH Daniel WEST Dec 1960 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Haurs November 17, 1960 Male WIDOWED T DIVORCED [ 10a. USUA, OCCUPATION (Give kind of work 1 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) District of Columbia Give Pages pages I within None None PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas F. Wert Jr Porthea Green form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivawarordatasofservica) Thomas Frederick Wett Jr. same as pencil in Item Office along with 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transit LUBULAR PREUMONIA IMMEDIATE CAUSE (a) DUE TO burial removal, Conditions, if any, which (6) gava risa to Immadiata causa DUE TO (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0) 19, WAS AUTOPSY CERT, FICATION PERFORMED? NO pino 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of Item 18,) 20a. EXTERNAL CAUSE WAS ь PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. **VEDICAL** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown] factory, street, office bldg., stc.) Whila Not While 市品品 at work at work 5 년 유 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection 📆 Inquiry 🚍 and in my opinion Be forwarded to death resulted from: Natural causes X Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER T EXAMINER'S DEPUT Should Prone James I. Boyd NAME (Type) Addrass (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington National 40 0 Burial Caran N'ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 317Pa.Ave., SE DC BOATUAN 4 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

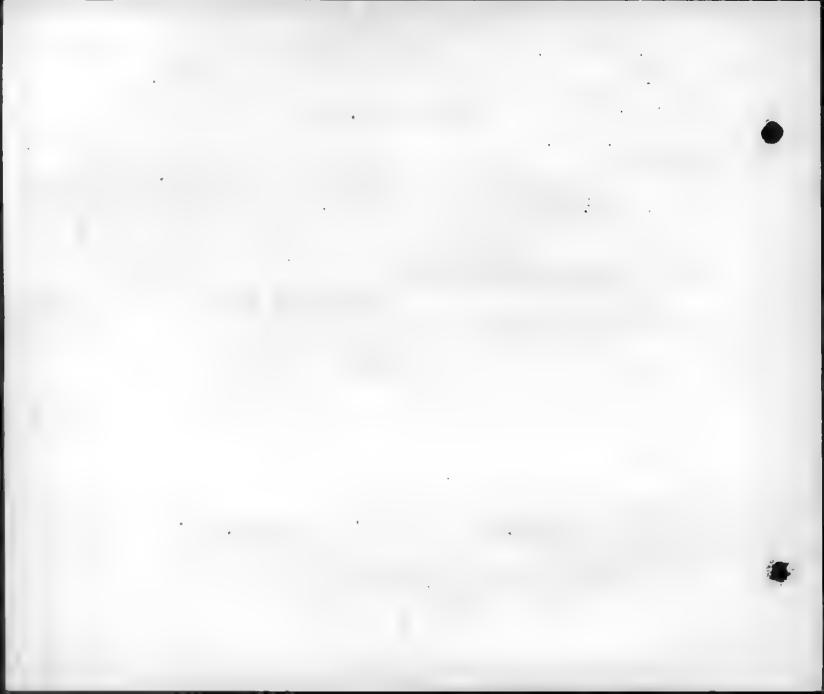
may be refor

VS A15 (4) 15M 9/5B

		14345	CERTIFIC	ATE OF DEATH	Reg. Dist. No. 14314	
	COUNTY   f outside corporationits, expest town)	write c. LENGTH OF STAY IN 16	o STATE	b. COUNT	rtion, Residence before admission! Y Nouldour RURAL ond give nearest town)	
·	NAME OF HOSPIT OR INSTITUTION	AL (If Not in hospital, given hursi)		d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print)	Burbara	(none)	Wickes	4. DATE OF DEATH TEC.	Day Year
5. 5	emala	1 5/	MARRIED NEVER MARRIED NOT NEVER MARRIED NOT NEVER MARRIED NEVER MARRIED NOT NEVER MARRIED NEVER NEVE	B. DATE OF BIRTH	9. AGE (In year fast bigliday)	Months Days Hours Min
10a	USUAL OCCUPATION during most of wor	ON (Give kind of work doking life, even if return)	County	JUSTRY WEIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Staple	5	14. MOTHER'S MAIDEN N	h. Fuller	
15. (Yes	WAS DECTASED EVE	R IN U. S ARMED FORCI	229 - 44 - 87	9 Nursing	Home Rec	dress cords
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Try, which mediate (b)	RESPIRATOR  CARCINOMAT	Y ARREST		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION		(c)_ HER SIGN FICANT CONDI	ITIONS CONTRIBUTING TO DEATH BY			IVEN N PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER	20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f (City or town)	(County) (State)
	21. I certify th	out I attended the of the Comber 13	deceased from Oct. 2	th accurred at 4 30	M, fram the causes of ADDRESS (Street, city or town	that I last saw the deceased and an the date stated above DATE SIGNED 12-28-63
220	BURIAL, CREMATIC REMOVAL (Specify) BURIAL	22b. DATE THEREOF 12/30/60	22c. NAME OF CEMETERY Lincoln Ce		22d. LOCATION (City, town	
23.	F. Gascl		ADDRESS 39 Balt.Ave, Hya			CISTRAR'S SIGNATURE

F. Gasch's Sons 4739 Balt. Ave, Hyattsville MF DEC 3 0 '60

in all filled to the source of 
1			1 1 0 7 DIVISION OF STATISTICAL RESEARCH	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	14315
Page 4 director, led with			LACE OF DEATH COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resort Fatte B. COUNTY  Maryland Prince George	
death.	1	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly  10 Days	c CITY OR TOWN (If outside corporate limits, write RURAL of	
offer of	A Property	,	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
in in and	3 75	1	Prince George General Hospital	2263 Hannon St	YES NO
4 bc .	,	(	IAME OF FIRST Middle ECCEASED Mype or print) Catherine M ,	Williams  4. DATE Month Of DEATH  DEC.	7 19 60
w etcl		5 5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED		DER 1 YEAR IF UNDER 24 HRS hs Days Hours Min
camp camp paper		100	USUAL OCCUPATION (Give kind of work done 10b K!ND OF BUSINESS OR IND during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
be ex and and arbon		13/	ATHER'S NAME	14 MOTHER'S MAIDEN NAME	u.v.
rtificate physicic mave o nt, with		1	NAS DECEASED EVER IN U. B. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address	above
oth cer			1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	ns. Edward J. Davis,	Jaughta BETWEEN
he dec e atten en ple din ar			PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	em bolis m	ONSET AND DEATH
that the by the it. The al, and			Conditions, if ony, which ) (b)		
quires  ). signed f perm			gove rise to immediate couse (a), stating the under.		
physiciar physiciar label id-transi		CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: The ending Ficate he the bur the bur all, crem	(	CERTIFI	200. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port 1 or Port 11 of item 18 )	
PHYSICI al ar ath this certif r use as		MEDICAL		PLACE OF INJURY (Mome, form, foctory, street, office bldg., atc.)	(County) (State)
Abing haspit After			21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Dec. 6, 19,60, and that	Nov. 26 1260 . to 1 death accurred at 8150 Apollethe couses and an	9, that (I) (we) last
ATTER by the CTOR: e detact			220 5 GNATURE San fridt Euroben	M D PHYS. D DIRECTOR PHYS	226 DATE SIGNED
ercenter Al Legal Al Legal 6 Boord c	1		22c PHYSICIAN'S SIEN FOR HEISEN GEN	RE 1918 K ST N.W. Washing	itm 6 D.C
TO HOSPIT  may be r  TO FUNER,  page 3 st  the State	¥	23a	BURIAL, CREMATION, 236 DATE THEREOF PAGE NAME OF CEMETERY		ity) (State)
	4.	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS PLATE	iiiil 250 REC'D BY REGISTRAR 256 REGISTRAR.	S SIGNATURE
VR A15 (4) 15M 9/59	1	4	alleys Tuntral Home, m	d. DATEUEC 12 DU Cullius	A. 1
			J		



				DIVISION	OF STATISTICAL	DESEABLE D	ND PECOPDS — F	OF HEAL BALTIMORE 1.			
			142	85.	CE	RTIFICA	TE OF DEA			13	1310
1	1. PL	COUNTY	Geor	ae'5	item ; x	MARYLAND	2. USUAL RESIDENCE	(Where decease	d lived If institution b. COUNTY	on- Residence before	edmission)
		CITY OR TOWN	(If outside corporates town)	Ate limits, wr	45	F STAY IN 1b	y Bo	wie	rote limits, write R	URAL and give neare	
>	1	NAME OF HOSPI OR INSTITUTION	Seorge's	Spital, give st	ral Hos	pital	/d. STREET ADDR	ESS			15 RESIDENCE ON A FARM? YES NO
	D (T	AME OF ECEASED ype or print)	H	ARR	Y	Middle	VILIAM.	4. DATE OF DEATH	Dec	emBer 1	8 1960
	5 SE	M	6. COLOR OF	WID	203	VORCED 🗌	B. DATE OF BIRTH		9 AGE (In years lost birthdoy) 7 4 yrs.	Months Days	Hours Min.
		during most of wo	rking life, even il	of work done f retired)	Noad (	NESS OR INDU Portal Marie Portal Marie Mar	STRY 11. BIRTHPLACE	(State or foreign of	161cC	12 CITIZEN OF V	VHAT COUNTRY
)		VAS DECEASED EV	ER IN U. S. ARM		116. SOCIAL SECUR	ITY NO. 17. II	170RID	h Mat	4005 Addi	ress	
	NO	Conditions, if gove rise to couse (a), sloting lying couse lost	ATH WAS CAUS IMMEDIATE C ony, which immediate g the under-	ED BY: AUSE (o) DUE TO (b) DUE TO (c)	artine for (a). (b).	c Car	NOT RELATED TO THE	TERMINAL DISFA	(g+R) " )	As ONSE	VAL BETWEEN  T AND DEATH  WAS AUTOPSY
à	RTIFICATI	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING	20b.			D. (Enter nature of inju				PERFORMED? YES NO
	I →  -	20c. TIME OF INJU Hour o, m. p m.	RY Month, D	oy, Year 20	Od INJURY OCCURI Thile Not while work at work	fo	ACE OF INJURY (Homotory, street, office bld	e, form, 20f. (City g., etc.)	y or town)	(County)	(Stote
		sow the decec 22d s CANATURE 22c PHYSICIAN'S NAME (Type)	nsed alive ar	DOAS	len S <gride< th=""><th>, and that o</th><th>M D ATTENDING PHYS. 22d. ADDRESS</th><th>MED DIRECTOR D</th><th>STAFF PHYS</th><th>d on the date s</th><th>22b DATE SIGNEI</th></gride<>	, and that o	M D ATTENDING PHYS. 22d. ADDRESS	MED DIRECTOR D	STAFF PHYS	d on the date s	22b DATE SIGNEI
		BURTAL, CREMATI REMOVAL (Specify JUNERAL DIRECTO	12-0	1 2 - 60	ADDRESS	lingto	PR CREMATORY  250	RECID BY REGIS	THON (City towns)  TRAR 25b REGI	STRAR'S SIGNATURE	(Stote)
	1	15.Was	livisto	793	492	5 De	one Calor	TE JEC 2 7	su cu	Thur S. Krain	ė.



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14286

## CERTIFICATE OF DEATH

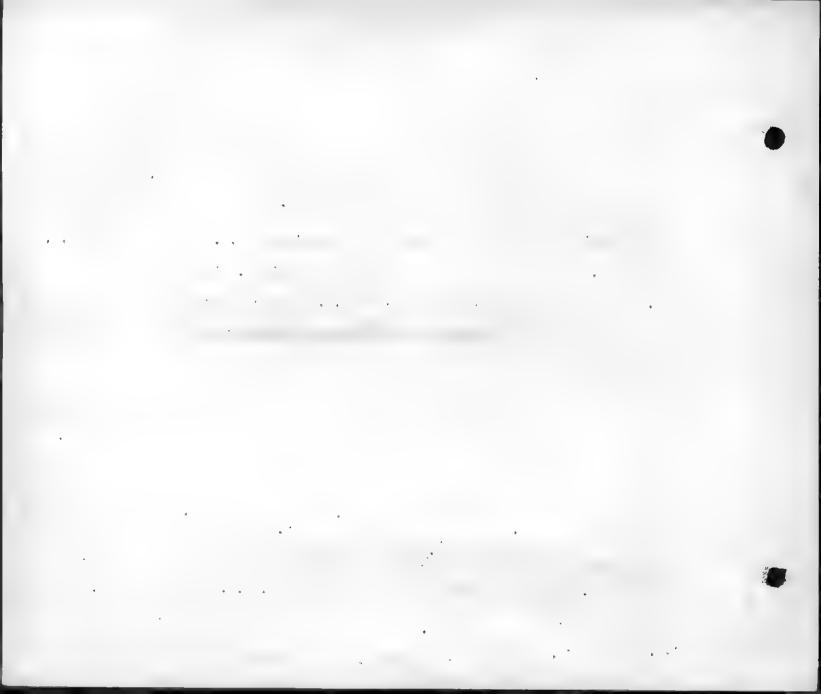
14317

1	PLACE OF DEATH o. COUNTY						2. USUAL RES	DENCE (W	here decease	d lived. If institut		nce befo	re odmiss	ion)
		ce Georges			MARY	LAND		rylar	nd	b. count	ince	Geor	ges	
	RURAL and give n	_ '	ts, write		H OF STAY	IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-	Cheve				days			<u>iitla</u> i	nd			1		
7	OR INSTITUTION	(AL (If not in haspital, g	give street	address)			d. STREET	ADDRESS					IS RES	FARM?
L	Prince Ge	orges Gene	ral H	lospit	all		1	77 1	Fort D	rive			YES [	NO 🔣
3.	NAME OF	Fi	rsi		Middle		la	s†	4. DATE OF	Mo	nth	Do	у	Year
	(Type or print)	Mar	V		P		Willm	ıth	DEATH	De	C.	25		19 60
S.	SEX	6. COLOR OR RACE	7. MARE	RIED 🙀 NE	VER MARRIE		B DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER	-	-	ER 24 HRS
	Female	White	WIDOWI	ED 📋	DIVORCE		27 Jw	ne 181	72	88 yrs		Doys	Hours	Min
10	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF E	BUSINESS O	R INDUS	TRY 11. BIRTHE	LACE (Stote	or foreign o	country)	12 CII	IZEN O	WHAT	OUNTRY
	None Hous		'	At	Home		Was	hinei	ton D.	C.			U.S.	Α.
13	FATHER'S NAME	****					14. MOTHER							
	Charles	M. Obold						E11	la E.	Wisa				
15	. WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO.	. 17 IN	FORMANT	B- 40.			iress		-	
1,	No.	(If yes, give wor or dotes of a	MELANDO!	None		Jo	hn P.H.	Villm:	uth	Same As	# 2			
	18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).1													
	PART I, DEATH WAS CAUSED BY: MASSING INTO						Alana	1 1	iman	not a as			SET AND	DEATH
	1570	DUE TO		0,000	11-1	crini	MAGINA		788.04.9	- Tenga		-	/	7-
	0 / 0		,							0			0	
	Conditions, if d	mmediate	1											
	couse (a), stating		)											
	lying couse last.	) (	£:									1		
Į ć	PART II OTI	HER SIGNIFICANT CON	IDITIONS (	CONTRIBUT	ING TO DEA	ATH BUT	NOT RELATED T	O THE TERM	AINAL DISEAS	SE CONDITION G	VEN IN PA	RT 1(0) 1	9 WAS PERFO	AUTOPSY DRMED? _
3													YES [	ORMED?
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DES	CRIBE HOV	V INJURY O	CCURRE	Enter noture	of injury in	Port I or Po	rt II of item 1B }				
		RY Month, Day, Ye	ar 20vi II	NJURY OCC	TURRED	20e. PL/	ACE OF INJURY	(Home, for	m. 20f. (Cit	y or tawn!		(County)		(State
MEDICAL	Haur a.m.	19	Wh le	Not s	white		tory, street, offic			, 0. 70,				15.010
2			ot war		144					- 0				
П		at (I) (this hospita			deceased	fram _	Dec. 2	15	2_6Q ta_	Dec. 2	2, 19_9	<u>)U</u> , II	nat (I) (	we) las
1	saw the decea	sed alive an De	c. 211	19	60, and	that d	Eath accurre	d atta	OOM fram	the causes_a	nd on th	e date	stated	abave
	220. SIGNATURE		10	10 0	1 1	2 D	. ====						22	B DATE SIGNE
	8	nall U		KLIK	Thel	1	M.D PHYS	X) D	AED DIRECTOR [	STAFF		1:	2-25	-60
	22c PHYSICIAN'S NAME (Type)				/		22d. ADDI	ESS						
		Dr. Donald	Mito	chell.	Md'		174	K S	t. N.W	•_Washin	gton	U.C.		
23	BUR AL, CREMATIC	N, 236 DATE THERE	OF .	23c NA	ME OF CEMI	ETERY O	R CREMATORY		23d LOCA	TION (City, town,	or county)		(Sto	te}
	Burial	12/28/60			S+ T		3.			Hanover	Peni	18.		
24	FUNERAL DIRECTOR	'S SIGNATURE		ADD				25a REC	D BY REGIS	TRAR 25b REC	ISTRAR'S S	GNATU	RE	
	W.W.Chamb	ers Co. 51	7 11+	th St.	0 10	187			TA 2 0 1		1 -1 - 1	7 45	4.4	

TO HOSPITAL OR ATTENDING PHYSILIAM: The law remuires that the dmath certificate bill exacuted within 24 haurs after death. Image 4 may be reversely by the haspital ar attending physician and campletely filled in the funeral director.

TO FUNERAL AFCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbonysappers, Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 77 hours after death. may be ret TO FUNERAL

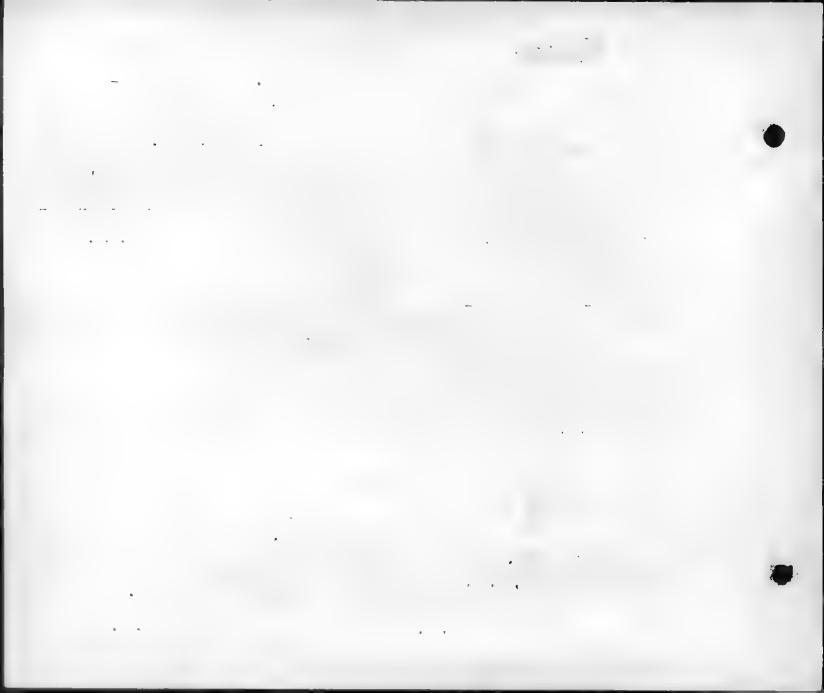
VR A15 (4) 15M 9/59



VR A15 [4] 15M 9/59 14346

**CERTIFICATE OF DEATH** 

	PLACE OF DEATH a COUNTY	14040		MARYL		USUAL RESIDENCI	E (Where decease	d lived. If institution b. COUNTY	an: Residence	before admission)		
		Prince Geor				D. C						
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)			N 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn)							
(	Glenn Dale (rural) 19 days				V	Washingt	on	home	7 X 5			
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET ADDRE	SS			e IS RESIDENCE ON A FARM?		
	OR INSTITUTION	nn Dale Hos	spita	1		(	605 8th	St., N. W	1.	YES NO		
3.	NAME OF	Fin	st	Middle		Lost	4. DATE	Mon	th	Day Year		
	DECEASED (Type or print)	Wor	ng	See		Wing	OF DEATH	1.2	>	14 1960		
5. :	SEX	6. COLOR OR RACE	7. MARR	NED MEVER MARRIED	8.0	ATE OF BIRTH		9 AGE (In years		YEAR IF UNDER 24 HR		
]	Male	Chinese	WIDOW	DIVORCED	0 6	/10/96		lost birthday)	Manths Do	oys Hours Min.		
10a	. USUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11, BIRTHPLACE (	(State or foreign o	country)	12 CITIZE	N OF WHAT COUNTRY		
	during most of work Unemployed			70		China			U.S	.A.		
	FATHER'S NAME				1	4. MOTHER'S MAIL	DEN NAME		1			
1	Wong Tom F	ork				Hu	?					
				SOCIAL SECURITY NO.	17. INFO	RMANT		Addi	ress			
Ye	NO NO	(If yes, give wor or dates of se	ervice)	₩	Dec	edent						
_	18. CAUSE OF DEA	TH [Enter only one co	use per ili	ne far (a), (b), and (c).]				·		INTERVAL BETWEEN		
		TH WAS CAUSED BY:	Co	rebrovascul	ar ac	cident.	probably	embolism	1	ONSET AND DEATH		
	331	DUE TO		2004070000		oadeno,	probabily	0110022011				
	Canditions, if a											
	gave rise to it	mmediate (	)									
	couse (a), stating lying cause last											
z		) (c)		CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE	TERMINAL D. SEAS	SE CONDITION GIV	/FN IN PART 1	(a) 19 WAS AUTOPS		
CATIO	Pulmonar mixed in	Y tubefculc fection; di	sist abet	contributing to DEA far advances mellitus	ed, a	ctive (4	months)	; right e	mpyema	PERFORMED?		
CERTIFICATION		S UNDERLY NG CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURRED. (	inter nature of inju	ry in Part Lor Pa	rt H of item 18.)	U	7 M		
	20c TIME OF INJUR	Y Month, Day, Yea	ar 20d. 11	NJURY OCCURRED	20e. PLACE	OF INJURY (Home	, form, 20f. (Cit	y or lown)	(Cat	unty) (Stok		
MEDICAL	Haur a.m.	19	While	Nat while	factory	r, street, office bldg	g., etc.)					
\$	p. m.		of wor		. 7	7 /05	60	20/21	(0			
	21 I certify tha	it (I) (this hospital	) attend	ded the deceased f	rom4	1/22 1:(	_bd2 <u>22</u> Uta_		, 19_QU	, that (I) (we) las		
		sed alive on 12/1	14	19 <u>60</u> , and 1	that dea	th occurred at	D. M. from	the causes an	d an the c	tate stated above		
	226 SIGNATURE	Mure W	Cuss		M.D	ATTENDING PHYS	MED DIRECTOR K	STAFF PHYS		12/14/6		
	22c PHYSICIAN'S	Moe Weiss	- M	D		22d. ADDRESS	G1.	enn Dale	Hospit	al		
	NAME (Type)	THOS METS	39 110	<i>D</i> •				enn Dale				
230	BURIAL, CREMAT O		)F	23c NAME OF CEME	TERY OR C	REMATORY		TION (City town,		(State)		
_	REMOVAL (Spec fy)		50					shington,				
24	FUNERAL DIRECTOR		//	ADDRESS)	lorgue 7.		REC'D BY REGIS	والمستحددة المتعنين	STRAR'S SIGN	ATURE		
	MIHIM	YEAR WAY	61	20. 1. Da 90	UN	1, DAT	ひとじ よ し	60	Civilian &			



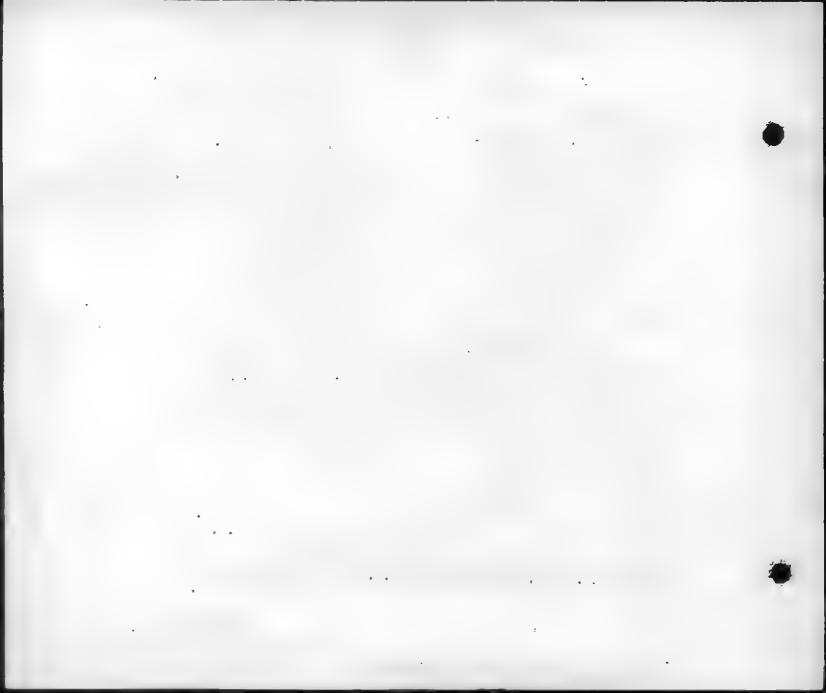
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	14601	CERTIFIC	TAIL OF D	AIII		_	TXOTO
PLACE OF DEATH b. COUNTY Prince Ge	orge	MARYLA	- CTAYE	·	eased lived If instituti b COUNTY	on Residence Prince	before admission) Gearge
RURAL and give no	sorest town)			,	orporate limits, write R	RURAL and giv	e nearest town)
d NAME OF HOSPIT OR INSTITUTION	'AL (If not in haspital, give i	street address)			Pd.	1	e IS RESIDENCE ON A FARM? YES NOT
						7	
(Type or print)	Maybelle	Middle		OF	_	ath	7 1960
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1	9 AGE ( n years		YEAR IF UNDER 24 HI
Female	White WI	DOWED DIVORCED [	□   May 12,	1885	75 yrs.	Months	ays Hours Min.
<ul> <li>USJAL OCCUPATION</li> <li>during most of work</li> </ul>	ON (Give kind of work done king life, even if relired)		NOUSTRY 11. BIRTHPL	ACE (State or forei	gn country)		N OF WHAT COUNTR
	sewife	own Home	Mary	land		U	5 A
FATHER'S NAME							
				y White			
			17 INFORMANT				
	no	none	Daniel Wi	seman	College	Park,	Md.
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II OTP	DUE TO  ny, which had been been been been been been been bee	Tremia Right pyonephro Arteriolar nephro Generalized art	osis prosclerosi ceriosclero BUT NOT RELATED TO	5, bilate sis THE TERMINAL DIS	SEASE CONDITION GIV	VEN IN PART I	1 month 1 month years years  (a) 19 WAS AUTOPS PERFORMED? YES A NO
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Year 2	20d INJURY OCCURRED 20	e PLACE OF INJURY (I	Home, Form, 20f		(Co	νη <sup>†</sup> γ) (Slot
21 I certify the	at (I) (this haspital) at sed alive an	tended the deceased from 1960, and the	M.D ATTENDING	or 12:15fr.  MED MED CORRECTOR SS 5813	Pre-Ne causes and STAFF DAYS. DAYS.	nd on the o	that (I) (we) ladde stated above 22th DATE 12-10-605Nt
BUR AL, CREMATIC	N, 236 DATE THEREOF	23c NAME OF CEMETE	RY OR CREMATORY	23d L0	OCATION (City town,	or county)	(Stole)
Burial (Specify)	Dec 10, 19	960 Evergreei	Cemetery	B1	adensburg	Md.	
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS					IATURE
F. Gasch	's Sons H	vattsville. M	i	DATE EQ 1 4	'60 (400	Lun 8 H	ace?
	D. COUNTY Prince Ge b. CITY OR TOWN (I RURAL ond give in Cheve of NAME OF HOSPIT OR INSTITUTION) PINCE Ge NAME OF DECEASED (Type or print)  SEX Female  D. USJAL OCCUPATIC during most of work to work the during most of work the work of work the county of	PLACE OF DEATH  D. COUNTY Prince George  b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)  Cheverly  d NAME OF HOSPITAL (If not in hospital, give in OR INSTITUTION) Prince Georges Genera  NAME OF DECEASED (Type or print)  Maybelle  SEX  6. COLOR OR RACE  7.  Will  Will  6. COLOR OR RACE  7.  Will  Housewife  FATHER'S NAME  Daniel Crat  WAS DECEASED EVER IN U. S. ARMED FORCEST  Then, no, or unknown)  If yes, give wor or dotes of service  PART I. DEATH Enter only one couse  1. PART II. DEATH Enter only one couse  1. PART II. DEATH Enter only one couse  1. Conditions, if only, which gove rise to immediate couse (c), storing the under.  1. If ying couse lost.  PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING DUE TO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year  Hour o. m. p. m.  21 I certify that (I) (this haspital) of saw the deceased alive an  220 SIGNATURE  221 CEPHYSICIAN'S NAME (Type)  DUE TO Chase DEATH  FUNERAL DIRECTOR'S SIGNATURE	PLACE OF DEATH  D. COUNTY  Prince George  b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) Cheverly  d NAME OF MOSPITAL (if not in hospital, give street address) Prince Georges General Hospital  NAME OF DECEASED (if year or print)  SEX  6 COLOR OR RACE Formale  DIVORCED [ D. USJAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWIFE  FATHER'S NAME  Daniel Cratty  WAS DECEASED EVER IN U. S. ARMED FORCES? In, no, or unknown)  [If year, give wor or dotes of service) ROUE TO  Conditions, if ony, which gove rise to immediate course (a), stoling the under.  Iying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUSE OF DEATH (If FITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OR OR CONTRIBUTING CAUSE OF DEATH HOU o. m.  p. m.  19  21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an	PLACE OF DEATH  O. COUNTY Prince George  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly  d. MAME OF MOSPITAL (if not in hospital, give street address) CRINGTULLION CRINGT	PART I. DEATH WAS CAUSE BY MARYLAND    PART II. DEATH WAS CAUSE BY MARYLAND    PART II	COUNT   County   Co	PART OF DEATH OC COUNTY Prince George NARYLAND Prince George BURAL Cody (if cut-ide corporate limits, write CLENGTH OF STAY IN 16 BURAL Cody (if cut-ide corporate limits, write CLENGTH OF STAY IN 16 BURAL Cody (if cut-ide corporate limits, write CLENGTH OF STAY IN 16 BURAL Cody (if cut-ide corporate limits, write CLENGTH OF STAY IN 16 BURAL Cody (if cut-ide corporate limits, write BURAL Cody (if CLENGTH OF STAY IN 16 BURAL Cody (if cut-ide corporate limits, write BURAL Cody (if CLENGTH OF STAY IN 16 BURAL Cody (if cut-ide corporate limits, write BURAL Cody (if CLENGTH OF STAY IN 16 BURAL CODY (if cut-ide corporate limits, write

auld be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, may be retuined by the haspital ar attending physician.

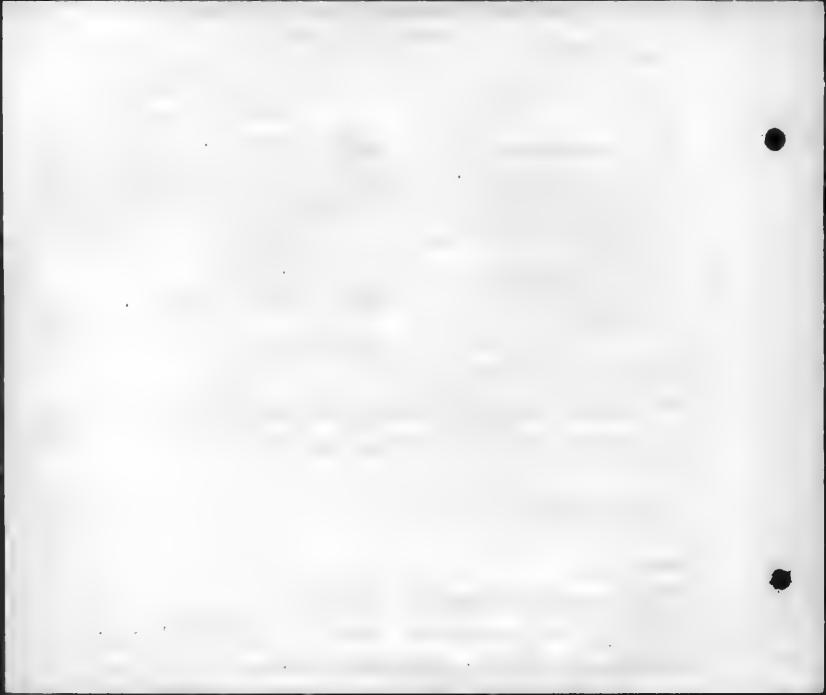
D FUNERAL CACOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and the State Baard of Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

may be retor TO HOSPITAL VR A15 (4) TSM 9/59



VS A15 (4) 15M 9/55

	1	1900		CEKI	IFICA	TIE OF D	EAIM			Reg. I	Dist. No.	-	
I a COUNTY								_	d lived. If insti				
J.	PI	ince Geor	ge	MAI	RTLAND		Mai	rylan	d	<sup>ny</sup> Pri	nce (	reor	g <b>e</b>
1	b. CITY OR TOWN (II RURAL and give no Chere	f outside corporate lim tarest town) Prly	ils, write	c. LENGTH OF STA	Y IN 1b	e. CITY OR TO	-	everl	orate limits, writ	e RURAL on	d give nec	aresi town	)
Ì	OR INSTITUTION	AL (If not in hospitol, everly Ave		ddress)		d. STREET AD	DRESS			·			IDENCE FARM? NO 🎮
Ī	I. NAME OF DECEASED (Type or print)	<del></del>	rst	Midd		lward		4. DATE OF DEATH		Month ember	10		(eor
	S. SEX Female	6. COLOR OR RACE White	7. MARRIE		RIED 🔲	B. DATE OF BIRTH	29,	1881	9. AGE (In year	ars IF UND	ER I YEAR		* /
	On. USUAL OCCUPATION during most of work	ung life, even if retired	))   _	wn Home	OR INDUS			or foreign o		1 .	J S		COUNTRY
V	II. FATHER'S NAME			···.		14. MOTHER'S A	MAIDEN N	AME					
	Mason	Heidwohl				Marth	a E.	Litt	leton				
1	5. WAS DECEASED EVE	R IN U. S. ARMED FOI lif yes, give wor or dates of		OCIAL SECURITY N		annie G	Litt.	leton	4	rly M	i.		
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Carebro rascular accident  Conditions, If any, which gave rise to immediate couse (a), stating the under:  Lying cause lost.  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  Sync the couse of the course of the couse (b) flueralized for the couse (a), stating the under:  Lying cause lost.												
	ž	IER SIGNIFICANT CON		Appen .							ART 1(a) 1	PERFO	RMED?
-	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	RIBE HOW INJURY	OCCURRED	. (Enter noture of	injury in P	of I or Por	f II of item (8.)				
	20c. TIME OF INJUR Hour o. st. p. m.	Y Month, Day, Ye	While of work	Not while	20e. PLA fac	CE OF INJURY (Hotory, street, office I	ame, farm, bldg , etc.)	20f. (City	y or town)	4	(County)		(Stole)
	21. I certify that I attended the deceased from ## 1957, to 12/10, 1960, that I last saw the deceased alive an 12/9, 1960, and that death accurred at 10/3A M, from the causes and on the date stated above.  ADDRESS (Street, city or lown, stole)  DATE SIGNED SIGNATURE  PHYSICIAN'S FRANK M TROZZO JR #/AITSVILLE MD-												
	220. BURIAL, CREMATIO REMOVAL (Specify) BULLAL	12/13/0		22c. NAME OF CE Edgehi		crematøry emetery		22d. 10CA Cha	TION (City, low rlestov	n, or county	. Va	(State	7)
	B. FUNERAL DIRECTOR	s signature 's Sons 47	739 Ba	ADDRESS	Hyat	1 '	100	BY REGIST		GISTRAR'S	SIGNATUI		



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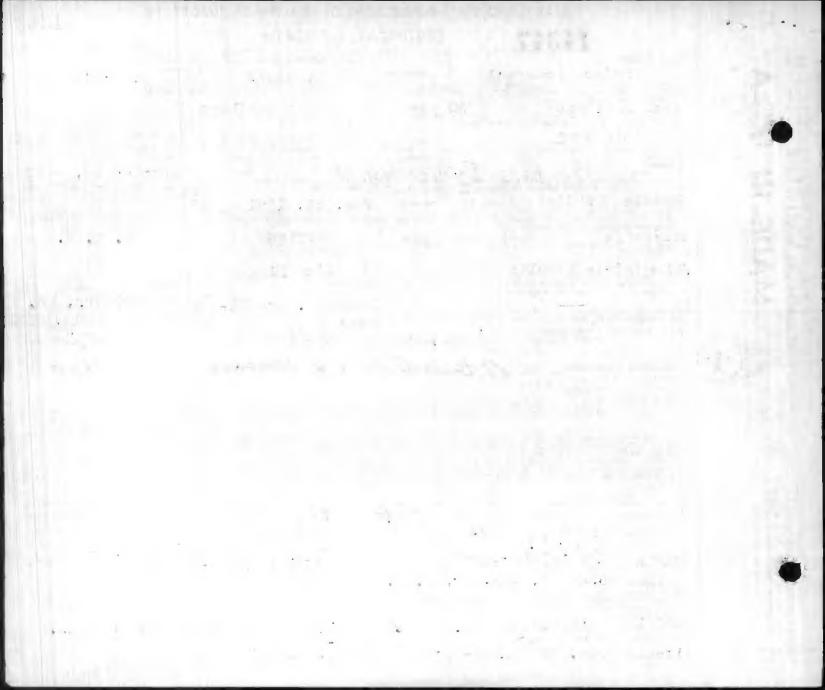
CERTIFICATE OF DEATH

Pag Dist No

17071	reg. Dist. No.
PLACE OF DEATH o. COUNTY Prince Georges MAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Pr. Geo!s
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  UPPER WARL boro 50 yrs	AY IN 1b CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OLG ROUTE #301	d. STREET ADDRESS Old Route #301  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
NAME OF DECEASED (Type or print) Barbara Estelle	He Wyvill Lost 4. DATE Month Doy Year DEATH December 28, 1960
Female   White   Whowed   Divorce	lost birthdoy) Months Days Hours Min
ob. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Own Hom	e Maryland U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Andrew Schultz	Alice King
(es, no, or unknown)  (If yes, give wor or dates of service)	Samuel A. Wyvill Upper Marlboro, Md.
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
20c. TIME OF INJURY Month, Day, Year Not while of work of the property of the	20e. PLACE OF INJURY (Hame, farm, fociory, street, office bldg., etc.) (City or town) (County) (State
21. I certify that I attended the deceased from.	at death accurred at 6 M, from the causes and an the date stoted above  ADDRESS Street, city or flown, state  DATE SIGNED
ACTUAL SIGNATURE AND CASSION AND ROBERT B. SASSCER, M. NAME (Type)	D. D. Pypy foly Goo, Ma 2 1 reces
PHYSICIAN'S RObert B. Sasscer, M. NAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  22c. NAME OF CE	D. D. CREMATORY 22d. LOCATION (City, town, or county) (Stote)
PHYSICIAN'S Robert B. Sasscer, M. NAME (Type)	METERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

TO HOSPITAL MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs her death. Page 4 may be retoined by the hospital ar after this cartificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/5B



	may be rest of by the hospital or attending physician.  TO FUNERAL MECTOR: After this certificate has been signed by the attending physician and mompletely filling.	page 3 should be detached far use as the burial-transit permit. They please remaye carbon papers. Pages	the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death	
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I. PLACE OF DEATH O. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HV2TCSV1110	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington. D.C.
d. NAME OF HOSPITAL (If not in hospital, give street address)  5801 And Ave	d. STREET ADDRESS  1460-Irving Street N.W.    Street N.W.
3. NAME OF DECEASED (Type or print) William L. Yates	Lost 4. DATE Month Day Yeor OF DEATH December 22 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  White WIDOWED DIVORCED	B. DATE OF BIRTH Sept 15.1877  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H   Months   Doys   Hours   Min   Months   Doys   Months   Months   Doys   Months   Month
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Taxi driver	Virginia U.S.A.
William Yates	Virginia Wilson
	INFORMANT Address
	Claude Spitzer Step son
18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  (b)  DUE TO  (c)	Comerulas Neplentis Interval Between ONSET AND DEATH
Old augustation of pan  200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED?  PERFORMED?  RED. (Enter noture of injuly in Port I or Port II of item IB.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while at work of twork	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stated of the factory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 12/21 1960, and tha 220. SIGNATURE  220. SIGNATURE  220. PHYSICIAN'S NAME (Type) HAROLD FMSCAIVA	m. #/25 1960, to 12/23 , 1960, that (1) (we) to death occurred at 15 M; fram the causes and on the date stated above 226 DATE SIGN PHYS.   22d. ADDRESS 22d. ADDRESS 3355-16 th N. W. Wooh-10, D.
23a. BURIAL, XXXIII 23b. DATE THEREOF 23c. NAME OF CEMETERY Cedar Hill	OR CREMATORY 23d. LOCATION (Gity, town, or county) (Stote) Suitland, Md.
J. Wm. Lee's Sons Co. 300-4th St	reet N. Roate DEC 27'60

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